

BALLOT QUESTION COMMITTEE FINANCIAL REPORT

To be filed with:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

FILED

NOV 07 2016

ARKANSAS ETHICS
COMMISSION

BY [Signature]

Check if this report is an amendment to a previously filed report

1. NAME OF COMMITTEE (IN FULL) <p style="font-size: 1.2em; color: blue;">Garland County Tax Alliance</p>	2. TYPE OF REPORT <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election) <small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small>
ADDRESS <p style="font-size: 1.2em; color: blue;">207 Crestwood</p>	CITY, STATE AND ZIP CODE <p style="font-size: 1.2em; color: blue;">Hot Springs AR 71913</p>
TELEPHONE NUMBER <p style="font-size: 1.2em; color: blue;">501-276-9100</p>	

This report covers period: (- -) through (- -)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	243.49	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	100 -	343.49
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	#	343.49
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	343.49	

7. () **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.

I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

Signature of Ballot Question Committee Officer

State of Arkansas
County of Garland } ss

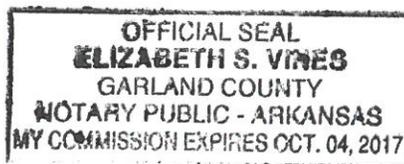
Subscribed and sworn before me this 7th day of November, 2016.

Signature of Notary Public

(Legible Notary Seal)

My Commission Expires October 4, 2017

Revised 12/2013



ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE
Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Place of Business Employer/Occupation	Amount of Contribution	Cumulative Total from this Contributor
10/28/16	Roy Houston	155 Pine Hills Est Gale Hot Springs AR 71913	Resort operator	100 ⁰⁰	100 ⁰⁰
11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE					100 ⁰⁰
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					0
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)					100 ⁰⁰