

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

JUL 25 2012

ARKANSAS ETHICS
COMMISSION

BY _____

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

1. NAME OF COMMITTEE (IN FULL) <p style="font-size: 1.2em; text-align: center;"><i>Citizens to Keep Madison County Safe</i></p>	2. TYPE OF REPORT <input 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)
ADDRESS <p style="font-size: 1.2em; text-align: center;"><i>P.O. Box 52 Huntsville, AR 72740</i></p>	<p>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</p>
CITY, STATE AND ZIP CODE <p style="font-size: 1.2em; text-align: center;"><i>(479) 738-2005</i></p>	
TELEPHONE NUMBER	

This report covers period: (6 - 1 - 12) through (6 - 30 - 12)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	None	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$ 1,672.29	0
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$ 1,541.30	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 130.99	

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.

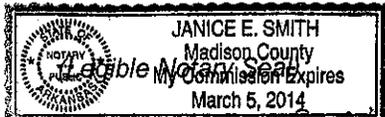
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

Linda Vandiver

Signature of Ballot Question Committee Officer

State of Arkansas
County of *Madison* } ss

Subscribed and sworn before me this 25 day of July, 2012.



Janice E. Smith

Signature of Notary Public

My Commission Expires 03-05-14

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

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
6-13-12	C.urren Parson	1603 Delaware Place	\$ 100.00	\$ 100.00
6-19-12	White River Baptist Church	18830 Hwy 16	\$ 322.29	\$ 322.29
6-25-12	Don Day	909 Pecan St.	\$ 100.00	\$ 100.00
6-26-12	White River Baptist Church	18830 Hwy 16	\$ 50.00	\$ 372.29
6-28-12	Huntsville Freewill Baptist Church	702 N. College St.	\$ 500.00	\$ 500.00
6-28-12	Carla Parson	1603 Delaware Place	\$ 100.00	\$ 100.00
6-28-12	James Vandiver	301 S. Harris St.	\$ 100.00	\$ 100.00
6-28-12	James Autry	4252 Hwy 412 E.	\$ 100.00	\$ 100.00
6-28-12	Linda Vandiver	301 S. Harris St.	\$ 100.00	\$ 100.00
6-28-12	Mellonie Autry	4252 Hwy. 412 E	\$ 100.00	\$ 100.00
6-28-12	Hindsville First Baptist Church	4373 S. Main St.	\$ 100.00	\$ 100.00
11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE			\$ 1,672.29	
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS			0	
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)			\$ 1,672.29	

14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE

Estimated Fair Market Value If Over \$50
 (Does not include volunteer services by individuals)

Date of Receipt	Name of Contributor	Street Address of Contributor	Description and Value of Nonmoney Item	Cumulative Total from this Contributor
15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE			○	
16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS			○	
17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT (includes totals from lines 15 and 16)			○	

IMPORTANT

In addition to monetary contributions, committees should report the receipt of any nonmoney ("in-kind") contributions. A committee receives an in-kind contribution whenever a person provides the committee with an item or service without charge or for a charge that is less than the fair market value of the item or service in question.

ITEMIZED EXPENDITURES MADE BY COMMITTEE OF \$100 OR MORE

Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure
6-27-12	Hog Country Medical	659 Appleby Rd.	\$ 467.59	printing
6-29-12	Huntsville Post Office	401 Church Ave	\$ 644.96	bulk mail out
6-29-12	Hindsville Post Office	Hwy 68	\$ 146.89	bulk mail out
19. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE			1,259.44	
20. TOTAL UNITEMIZED EXPENDITURES			259.86	
21. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 19 and 20)			1,519.30	