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 15 2016
ARKANSAS ETHICS COMMISSION
BY

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

1. NAME OF COMMITTEE (IN FULL)	2. TYPE OF REPORT
Economic Developers of Texarkana	☐ Monthly Report (due 15 days after end of month)
ADDRESS: 4350 McKnight Rd. Apt. 9	☐ Preelection Report (due 7 days before election)*
CITY, STATE AND ZIP CODE: Texarkana, TX 75503	☑ Final Report (due 30 days after election)
TELEPHONE NUMBER: 407-421-7433	*NOTE: Preelection report must be *received* by the Ethics Commission on or before due date.

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

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

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 Bowie } ss

Subscribed and sworn before me this 15 day of July, 2016.

Signature of Notary Public

(Legible Notary Seal)

My Commission Expires May 8, 2019

ANNETTE FIELDS
Notary Public, State of Texas
My Commission Expires
May 08, 2019

Revised 12/2013

8. LOAN INFORMATION

Please Type or Print
Do Not List Loans Previously Reported

Date	Name and Address of Lender	Amount
	9. TOTAL LOANS THIS REPORT	

10. ITEMIZED MONETARY CONTRIBUTIONS OF $50 OR MORE RECEIVED BY COMMITTEE

Please Type or Print
Use Additional Copies of this Page if Necessary

Date of Receipt	Name of Contributor	Street Address of Contributor	Place of Business Employer/Occupation	Amount of Contribution	Cumulative Total from this Contributor

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

11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF $50 OR MORE	
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS	
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT **(Includes totals from lines 9, 11, and 12)**	

14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE

(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 NONMONEY CONTRIBUTIONS THIS REPORT				

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.

16. ITEMIZED EXPENDITURES OF $100 OR MORE MADE BY COMMITTEE OR ON BEHALF OF COMMITTEE BY ADVERTISING AGENCY, PUBLIC RELATIONS FIRM, OR POLITICAL CONSULTANT

Please Type or Print

Use Additional Copies of this Page if Necessary

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure

ITEMIZED EXPENDITURES OF $100 OR MORE MADE BY COMMITTEE OR ON BEHALF OF COMMITTEE BY ADVERTISING AGENCY, PUBLIC RELATIONS FIRM, OR POLITICAL CONSULTANT

Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure

17. TOTAL ITEMIZED EXPENDITURES OF $100 OR MORE	
18. TOTAL UNITEMIZED EXPENDITURES	
19. TOTAL EXPENDITURES THIS REPORT (Includes totals from lines 17 and 18)	

20. EXPENDITURES BY CATEGORY

Please Type or Print

CATEGORY	TOTAL AMOUNT
Advertising	
Direct Mail	
Office Supplies	
Travel	
Telephone	
Other Expenses (list)	
21. TOTAL EXPENDITURES BY CATEGORY	

22. PAID CANVASSERS, OFFICERS, AND DIRECTORS

NAME OF PAID CANVASSER/OFFICER/DIRECTOR	AMOUNT PAID	NAME OF PAID CANVASSER/OFFICER/DIRECTOR	AMOUNT PAID
23. TOTAL AMOUNT PAID CANVASSERS, OFFICERS, AND DIRECTORS			$