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
SEP 16 2016
ARKANSAS ETHICS COMMISSION
BY [signature]

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

1. NAME OF COMMITTEE (IN FULL)
Citizens for a Stronger Mississippi County

ADDRESS
616 North Ridgeway

CITY, STATE AND ZIP CODE
Blytheville, Arkansas 72 315

TELEPHONE NUMBER
870 740 8050

2. TYPE OF REPORT
☒ Monthly Report (due 15 days after end of month)
☐ Preelection Report (due 7 days before election)*
☐ Final Report (due 30 days after election)

*NOTE: Preelection report must be *received* by the Ethics Commission on or before due date.

This report covers period: (8 - 1 -2016) through (8 -31 -2016)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	30,818.59	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	.00	39,750.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	.00	8,931.41
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	30 818.59	

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.

Mike Huffman, Treasurer
Signature of Ballot Question Committee Officer

State of Arkansas
} ss
County of Mississippi

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

Marguerita N. Arriola
Signature of Notary Public

(Legible Notary Seal)
My Commission Expires 9-16-2021

MARGUERITA N. ARRIOLA
Commission No. 12384118
NOTARY PUBLIC
My Commission Expires Sept. 16, 2021
MISSISSIPPI CO., ARKANSAS

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

11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF $50 OR MORE	.00
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS	
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)	.00

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	.00
18. TOTAL UNITEMIZED EXPENDITURES	.00
19. TOTAL EXPENDITURES THIS REPORT **(includes totals from lines 17 and 18)**	.00