

LOCAL-OPTION 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)



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

1. NAME OF COMMITTEE (IN FULL) <i>Keep Randolph County Safe</i>	
ADDRESS <i>P.O. Box 822</i>	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)
CITY, STATE AND ZIP CODE <i>Pocahontas, AR 72455</i>	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
TELEPHONE NUMBER <i>870-810-8924</i>	

This report covers period: (*4 - 1 - 16*) through (*4 - 30 - 16*)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	<i>2710.88</i>	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	<i>0</i>	<i>8,000</i>
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	<i>0</i>	<i>5,289.18</i>
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<i>2710.88</i>	

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]
Signature of Local Option Ballot Question Committee Officer

State of Arkansas

County of *Randolph* ss

Subscribed and sworn before me this *13* day of *May* 20 *16*

(Legible Notary Seal)

[Signature]
Signature of Notary Public

My Commission Expires *6-17-24*

Adopted 12/2013

