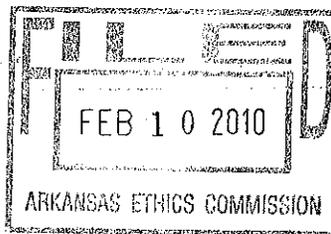


BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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>Coalition For The Future of Sharp County</i>	
ADDRESS <i>36 Immokalee Drive</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>Cherokee Village, AR 72529</i>	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
TELEPHONE NUMBER <i>870-847-0327</i>	

This report covers period: *(1 - 1 - 10)* through *(1 - 31 - 10)*

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	<i>2,716.21</i>	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD		<i>7,325.00</i>
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD		<i>4,608.79</i>
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<i>2,716.21</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 Ballot Question Committee Officer

State of Arkansas

County of *Lyons* } ss

Subscribed and sworn before me this *10th* day of *February*, 20*10*.

[Signature]

Signature of Notary Public

My Commission Expires *11/2/17*

