

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) Make a Difference (formerly Blue, Gold + You)	
ADDRESS PO Box 403	2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input checked="" type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE Sheridan, AR 72150	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
TELEPHONE NUMBER 870-942-9610	

This report covers period: (8 - 31 - 16) through (9 - 13 - 16)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	1,993.60	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	20.00	42,952.58
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	-0-	40,938.98
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	2013.60	

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 } ss
County of _____

Subscribed and sworn before me this _____ day of _____, 20____.

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires _____

Revised 12/2013

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 \$