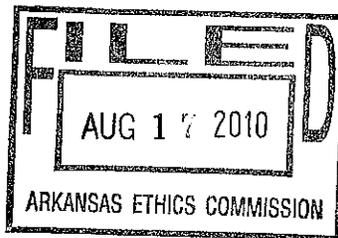


BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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) Springdale School District Millage Committee	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)
ADDRESS 4038 Bentwood Lane	*NOTE: Preelection report must be <i>received</i> by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Fayetteville, AR 72703	
TELEPHONE NUMBER (479) 841-7005	

This report covers period: (07 - 01 - 10) through (07 - 31 - 10)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	0.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	7,850.00	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	0.00	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	7,850.00	

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.

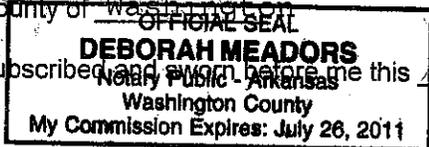
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.


 Signature of Ballot Question Committee Officer

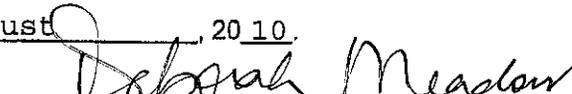
State of Arkansas

} ss

County of Washington
 Subscribed and sworn to before me this 17th day of August, 2010.



(Legible Notary Seal)


 Signature of Notary Public

My Commission Expires 7-26-2010

8. LOAN INFORMATION

Please Type or Print
Do Not List Loans Previously Reported

Date	Name and Address of Lender	Amount
	None	0.00
	9. TOTAL LOANS THIS REPORT.	0.00

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

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

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
07/22/10	Legacy National Bank	4055 W Sunset Ave Springdale, AR	1,000.00	1,000.00
07/27/10	Don Tyson	PO Box 2020 Springdale, AR	5,000.00	5,000.00
07/27/10	Walker Brothers	PO Box 7570 Springdale, AR	100.00	100.00
07/27/10	Adrian Luttrell	5847 Saddleridge Pl Springdale, AR	200.00	200.00
07/27/10	Mike Luttrell	6562 Well Cir Springdale, AR	200.00	200.00
07/27/10	Jim Rollins	20231 Santa Rosa Springdale, AR	100.00	100.00
07/28/10	WACO Title Co	PO Box 1910 Lowell, AR	500.00	500.00
07/28/10	Whittenberg, Delony & Davidson	400 W Capitol Little Rock, AR	500.00	500.00
07/29/10	Simmons Bank	3975 W New Hope Rd Rogers, AR	250.00	250.00

ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OF \$50 OR MORE

Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE			7,850.00	
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS			0.00	
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (Includes totals from lines 9, 11, and 12)			7,850.00	

14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE

Estimated Fair Market Value If Over \$50
 (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
	None			0.00
15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE			0.00	
16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS			0.00	
17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT (Includes totals from lines 15 and 16)			0.00	

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.

ITEMIZED EXPENDITURES MADE BY COMMITTEE OF \$100 OR MORE

Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure
	None		0.00	
19. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE			0.00	
20. TOTAL UNITEMIZED EXPENDITURES			0.00	
21. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 19 and 20)			0.00	