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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

JUN 14 2016

ARKANSAS ETHICS
COMMISSION

BY [Signature]

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

1. NAME OF COMMITTEE (IN FULL) <u>Coalition for Arkansas Election Reform</u>		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) <small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small>
ADDRESS <u>301 Royal Lane suite 2A</u>		
CITY, STATE AND ZIP CODE <u>Bryant AR 72022</u>		
TELEPHONE NUMBER <u>501-529-2133</u>		

This report covers period: (5 - 1 - 16) through (5 - 31 - 16)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	9,302	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	4,100	21,075
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	3,840	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	9,562	

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.

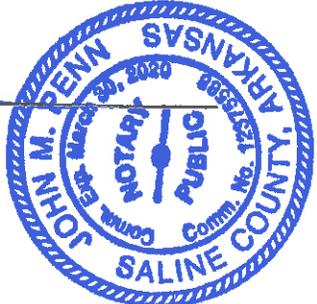
[Signature]
Signature of Ballot Question Committee Officer

State of Arkansas
County of Saline) ss

Subscribed and sworn before me this 14 day of June, 2016.

(Legible Notary Seal)

[Signature]
Signature of Notary Public



My Commission Expires 3/30/20

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					4,100
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					0
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT <small>(includes totals from lines 9, 11, and 12)</small>					4,100

