

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)



WJ

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

<p>1. NAME OF COMMITTEE (IN FULL) <i>Coalition for Safer AR Communities</i></p> <p>ADDRESS <i>301 Roya Lane Suite 2A</i></p> <p>CITY, STATE AND ZIP CODE <i>Bryant, AR 72022</i></p> <p>TELEPHONE NUMBER <i>501-529-2933</i></p>	<p>2. TYPE OF REPORT</p> <p><input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month)</p> <p><input type="checkbox"/> Preelection Report (due 7 days before election)*</p> <p><input type="checkbox"/> Final Report (due 30 days after election)</p> <p><small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small></p>
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This report covers period: (7 - 1 - 16) through (7 - 31 - 16)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	<i>752.00</i>	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	<i>23.53</i>	<i>5213.23</i>
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	<i>0</i>	<i>4437.70</i>
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<i>775.53</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 Saline } ss

Subscribed and sworn before me this 8 day of August, 2016.

(Legible Notary Seal)

[Signature]
Signature of Notary Public

My Commission Expires 3/30/20



