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
OCT 13 2016
ARKANSAS ETHICS COMMISSION
BY

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

1. NAME OF COMMITTEE (IN FULL)
Coalition for Safer AR Communities

ADDRESS
301 Roya Lane suite 2A

CITY, STATE AND ZIP CODE
Bryant, AR 72022

TELEPHONE NUMBER
501-529-2933

2. TYPE OF REPORT
☒ Monthly Report (due 15 days after end of month)
☐ Preelection Report (due 7 days before election)*
☐ Final Report (due 30 days after election)

*NOTE: Preelection report must be *received* by the Ethics Commission on or before due date.

This report covers period: (9 - 1 - 16) through (9 - 30 - 16)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	1336.56	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	861.03	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	0	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	2,197.59	

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

JOHNNY W. PENN — NOTARY PUBLIC — SALINE COUNTY, ARKANSAS — Comm. No. 12375588 — Comm. March 30, 2020

State of Arkansas
County of Saline } ss

Subscribed and sworn before me this 13 day of October, 2016.

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires 3/30/20

Revised 12/2013

8. LOAN INFORMATION

Please Type or Print
Do Not List Loans Previously Reported

Date	Name and Address of Lender	Amount
	9. TOTAL LOANS THIS REPORT	Ø

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

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

Date of Receipt	Name of Contributor	Street Address of Contributor	Place of Business Employer/Occupation	Amount of Contribution	Cumulative Total from this Contributor
9/1/16	Joel or Andrea Styles	12830 Styles Rd Bauxite, AR 72011		250	250
9/15/16	Lone Grove Baptist Church	3346 Hwy 287 Cleveland, AR 72032	Church	300	300
9/15/16	Allan or Jane Pinnigar	3500 Calion Rd El Dorado, AR 71730	Doctor	50	50
9/12/16	Deb Crawford	2000 Wildcat Dr El Dorado AR 71730	Director - PRIDE Youth	237.50	237.50

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	837.50
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS	23.53
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)	861.03

14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE

(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
15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT			Ø	

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.

16. ITEMIZED EXPENDITURES OF $100 OR MORE MADE BY COMMITTEE OR ON BEHALF OF COMMITTEE BY ADVERTISING AGENCY, PUBLIC RELATIONS FIRM, OR POLITICAL CONSULTANT

Please Type or Print

Use Additional Copies of this Page if Necessary

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure

ITEMIZED EXPENDITURES OF $100 OR MORE MADE BY COMMITTEE OR ON BEHALF OF COMMITTEE BY ADVERTISING AGENCY, PUBLIC RELATIONS FIRM, OR POLITICAL CONSULTANT

Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure

17. TOTAL ITEMIZED EXPENDITURES OF $100 OR MORE	
18. TOTAL UNITEMIZED EXPENDITURES	
19. TOTAL EXPENDITURES THIS REPORT (Includes totals from lines 17 and 18)	Ø

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	Ø

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			$ Ø