

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

NOV 14 2016

ARKANSAS ETHICS
COMMISSION

BY MAP

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

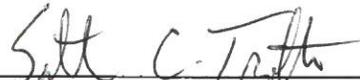
1. NAME OF COMMITTEE (IN FULL) <p style="font-size: 1.2em; color: blue;">Fairness for Arkansans</p>	2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input checked="" type="checkbox"/> Final Report (due 30 days after election)
ADDRESS <p style="color: blue;">425 W. Capitol Ave. Ste. 216</p>	<p><small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small></p>
CITY, STATE AND ZIP CODE <p style="color: blue;">Little Rock, AR 72201</p>	
TELEPHONE NUMBER <p style="color: blue;">501-353-1069</p>	

This report covers period: (11 - 1 - 16) through (11 - 14 - 16)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$ 697.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	—	—
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$ 697.00	\$ 697.00
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 0.00	

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.

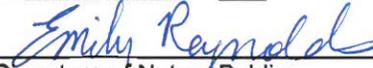
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.


 Signature of Ballot Question Committee Officer

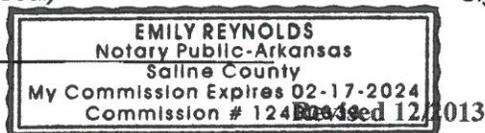
State of Arkansas
County of Pulaski } ss

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

(Legible Notary Seal)


 Signature of Notary Public

My Commission Expires



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			—	

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 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			\$ 697.00	
18. TOTAL UNITEMIZED EXPENDITURES			—	
19. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 17 and 18)			\$ 697.00	

