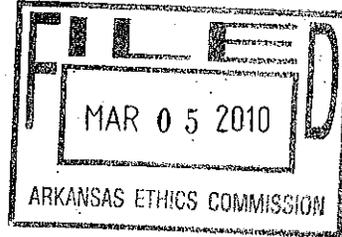


BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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

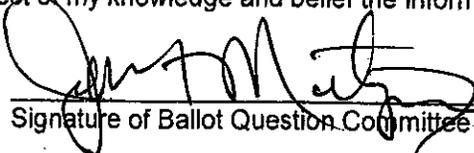
1. NAME OF COMMITTEE (IN FULL) Sheriffs for Four Year Terms	2. TYPE OF REPORT <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
ADDRESS 1706 Ashbriar Dr.	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Mountain Home, AR 72653	
TELEPHONE NUMBER (870) 424-4496	

This report covers period: (02 - 01 - 10) through (02 - 28 - 10)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$ 195.98	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$ 100.00	\$ 4,217.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$.00	\$ 3,921.02
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 295.98	

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.

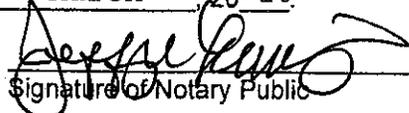
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.


 Signature of Ballot Question Committee Officer

State of Arkansas
County of Baxter } ss

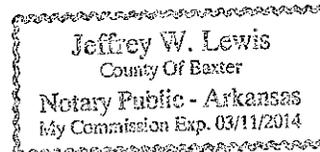
Subscribed and sworn before me this 5th day of March 20 10

(Legible Notary Seal)


 Signature of Notary Public

My Commission Expires March 11, 2014

Revised 07/07



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
02/28/10	Advanced Correctional Healthcare	3922 W. Baring Trace Peoria, IL 61615	\$ 100.00	\$ 100.00
11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE			\$100.00	
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS			\$.00	
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)			\$100.00	

