

LOCAL-OPTION 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

SEP 15 2014

ARKANSAS ETHICS
COMMISSION

BY TE

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

1. NAME OF COMMITTEE (IN FULL) <i>Local Citizens for Safety And Prosperity</i>	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 <i>P.O. Box 18942</i>	
CITY, STATE AND ZIP CODE <i>Jonesboro AR 72403</i>	
TELEPHONE NUMBER <i>870-932-4488</i>	

This report covers period: (*8 - 1 - 14*) through (*8 - 31 - 14*)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	<i>4553.46</i>	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	<i>4708.00</i>	<i>76483.63</i>
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	<i>2894.10</i>	<i>70116.27</i>
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<i>6367.36</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.

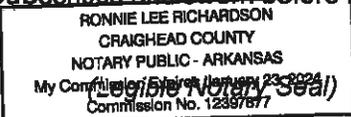


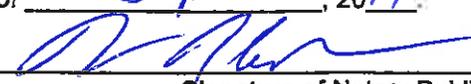
Signature of Local-Option Ballot Question Committee Officer

State of Arkansas

County of *Craighead* } ss

Subscribed and sworn before me this *15* day of *Sept*, 20*14*.





Signature of Notary Public

My Commission Expires *1-23-2014*

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					4708.00
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					-
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)					4708.00

