

**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

DEC 11 2014

ARKANSAS ETHICS
COMMISSION

BY TE

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

1. NAME OF COMMITTEE (IN FULL) Our Community Our Dollars		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) *NOTE: Preelection report must be received by the Ethics Commission on or before due date.
ADDRESS 425 West Capitol Avenue Suite 1800		
CITY, STATE AND ZIP CODE Little Rock, Arkansas 72201		
TELEPHONE NUMBER (501) 688-8845		

This report covers period: (10 -25 -2014) through (12 -08 -2014

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
CUMULATIVE FOR CRAIGHEAD, FAULKNER & SALINE COUNTIES		
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$ 38,914.19	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$ 0.00	\$1,465,000.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$ 32,517.20	\$1,458,603.01
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 6,396.99	

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.

Sally Martin
Signature of Local Option Ballot Question Committee Officer

State of Arkansas
County of Pulaski } ss

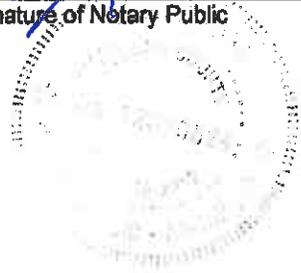
Subscribed and sworn before me this 9 day of December, 2014.

Andrea Kase
Signature of Notary Public

(Legible Notary Seal)

My Commission Expires 4-15-2019

Adopted 12/2013



14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE
 (Does not include volunteer services by individuals)

CRAIGHEAD, FAULKNER & SALINE COUNTIES

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			\$0.00	

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.

