

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

FEB 19 2015

ARKANSAS ETHICS
COMMISSION

BY TJ

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

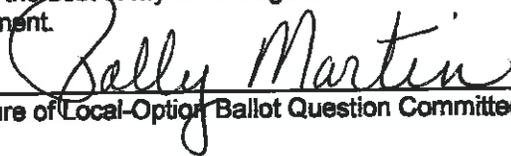
1. NAME OF COMMITTEE (IN FULL) Our Community Our Dollars	2. TYPE OF REPORT <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
ADDRESS 425 West Capitol Avenue Suite 1800	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Little Rock, Arkansas 72201	
TELEPHONE NUMBER (501) 688-8845	

This report covers period: (01 -01 -2015) through (01 -31 -2015)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
CUMULATIVE FOR CRAIGHEAD, FAULKNER & SALINE COUNTIES		
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$ 2,885.74	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$69,658.02	\$1,534,658.02
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$69,658.02	\$1,531,772.28
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 2,885.74	

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

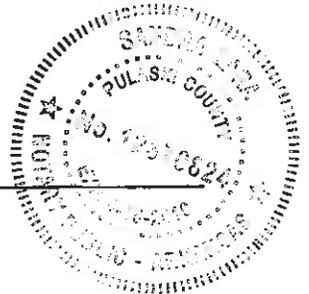
State of Arkansas
County of Pulaski } ss

Subscribed and sworn before me this 18 day of February 2015

(Legible Notary Seal)



 Signature of Notary Public



My Commission Expires 4-15-2019

ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE

Please Type or Print

CRAIGHEAD, FAULKNER & SALINE COUNTIES

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					\$69,658.02
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					\$0.00
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (Includes totals from lines 9, 11, and 12)					\$69,658.02

ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE

Please Type or Print

FAULKNER COUNTY

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					\$0.00
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					\$0.00
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (Includes totals from lines 9, 11, and 12)					\$0.00

ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE

Please Type or Print

SALINE COUNTY

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					\$69,658.02
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					\$0.00
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)					\$69,658.02

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.

**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

CRAIGHEAD, FAULKNER & SALINE COUNTIES

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			\$69,658.02	
18. TOTAL UNITEMIZED EXPENDITURES			\$0.00	
19. TOTAL EXPENDITURES THIS REPORT (Includes totals from lines 17 and 18)			\$69,658.02	

**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

CRAIGHEAD COUNTY

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			\$0.00	
18. TOTAL UNITEMIZED EXPENDITURES			\$0.00	
19. TOTAL EXPENDITURES THIS REPORT (Includes totals from lines 17 and 18)			\$0.00	

Adopted 12/2013

