

**LEGISLATIVE QUESTION COMMITTEE
FINANCIAL REPORT**

To be filed with:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9800
Fax (501) 324-9803

(Arkansas Ethics Commission File Stamp)

FILED
FEB 13 2015

ARKANSAS ETHICS
COMMISSION

BY TJK

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

| | | |
|--|--|--|
| 1. NAME OF COMMITTEE (IN FULL) <u>County-wide Sales Tax Renewal Committee</u> | | 2. TYPE OF REPORT <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Pre-election Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election) |
| ADDRESS <u>6118 Old Concord Road VAN BUREN, AR 72956</u> | | |
| CITY, STATE AND ZIP CODE | | *NOTE: Pre-election report must be received by the Ethics Commission on or before due date. |
| TELEPHONE NUMBER <u>479-474-2526</u> | | |

This report covers period: (1-30-15) through (2-9-15)

| SUMMARY | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|--|----------------------|-------------------|
| 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD | <u>0</u> | |
| 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | <u>1100.00</u> | |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD | <u>0</u> | |
| 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD | <u>1100.00</u> | |

7. () **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period. If you have no activity, file this 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]
Signature of Legislative Question Committee Officer

State of Arkansas

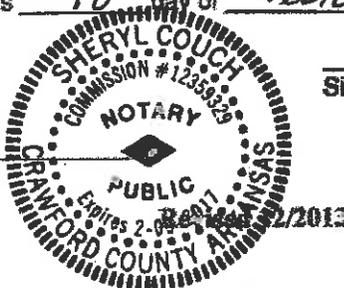
County of Crawford, ss

Subscribed and sworn before me this 10 day of February, 2015.

(Legible Notary Seal)

[Signature]
Signature of Notary Public

My Commission Expires 2-9-17



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 |
|---|---------------------|---|---|--|
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| 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 |
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| 17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE | | | | |
| 18. TOTAL UNITEMIZED EXPENDITURES | | | | |
| 19. TOTAL EXPENDITURES THIS REPORT | | | | |
| <small>(includes totals from lines 17 and 18)</small> | | | |  |

