

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 02 2014

ARKANSAS ETHICS
COMMISSION

BY TE

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

1. NAME OF COMMITTEE (IN FULL) <p style="font-size: 1.2em; text-align: center;">They Win, You Lose Committee</p>	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 <p style="font-size: 1.2em; text-align: center;">PO Box 1763</p>	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE <p style="font-size: 1.2em; text-align: center;">Conway, AR 72033</p>	
TELEPHONE NUMBER <p style="font-size: 1.2em; text-align: center;">479-422-6449</p>	

This report covers period: (7 - 1 - 14) through (7 - 31 - 14)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	37,417.61	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	119,310.97	340,401.84
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	123,024.46	306,697.72
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	33,704.12	

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 Saline } ss

Subscribed and sworn before me this 2nd day of September 2014

 Signature of Notary Public



8. LOAN INFORMATION
 Please Type or Print
 Do Not List Loans Previously Reported

Date	Name and Address of Lender	Amount
7/2014	Credit Card Charges to:	
	MARY DILLARD	19,310.97
	387 Pryor Dr.	
	MALVERN, AR 72104	
9. TOTAL LOANS THIS REPORT		19,310.97

**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
7/3/2014	MARY F. DILLARD	387 Pryor Dr. MALVERN, AR 72104	1710.00	credit card reimbursement
7/3/2014	"	"	10,753.42	"
7/11/2014	"	"	1140.00	"
7/15/2014	"	"	927.55	"
7/22/2014	"	"	2500.00	"
7/22/2014	"	"	2280.00	"
17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE				122,995.50
18. TOTAL UNITEMIZED EXPENDITURES				28.96
19. TOTAL EXPENDITURES THIS REPORT (Includes totals from lines 17 and 18)				123,024.46

Adopted 12/2013

