

# 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

<b>1. NAME OF COMMITTEE (IN FULL)</b> <p style="font-size: 1.2em; margin: 0;">They Win, You Lose Committee</p>	<b>2. TYPE OF REPORT</b> <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)
<b>ADDRESS</b> <p style="font-size: 1.2em; margin: 0;">PO Box 1763 Conway, AR</p>	<p><small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small></p>
<b>CITY, STATE AND ZIP CODE</b> <p style="font-size: 1.2em; margin: 0;">Conway, AR 72033</p>	
<b>TELEPHONE NUMBER</b> <p style="font-size: 1.2em; margin: 0;">479-422-6449</p>	

This report covers period: ( 5 - 1 - 14 ) through ( 5 - 31 - 14 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	- 0 -	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	6639.55	6639.55
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	5721.84	5721.84
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	917.71	

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.

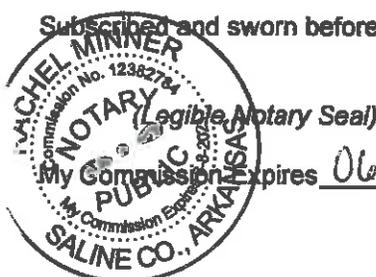
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

\_\_\_\_\_  
 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
5/29	Credit card charges to:	
	MARY DILLARD Consulting	
	382 Pryor Dr. MALVERN, AR 72104	1389.55
	Previous report - loans from	
	Mary Dillard, Po Box 197, Benton, AR 72018	5250.00
	<b>9. TOTAL LOANS THIS REPORT</b>	<b>6639.55</b>