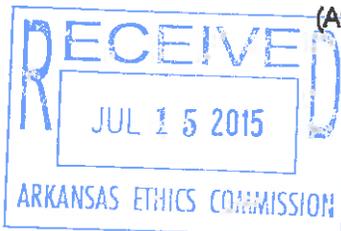


## BALLOT QUESTION COMMITTEE FINANCIAL REPORT

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9800  
Fax (501) 324-9606



(Arkansas Ethics Commission File Stamp)

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; text-align: center;">PROTECT FAYETTEVILLE</p>	
<b>ADDRESS</b> <p style="font-size: 1.1em;">438 E. Millsap Rd Suite 103</p>	<b>2. TYPE OF REPORT</b> <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <small> <input type="checkbox"/> Quarterly Report (due 15 days after end of quarter)  <input type="checkbox"/> Annual Report (due 15 days after end of year)                 </small>
<b>CITY, STATE AND ZIP CODE</b> <p style="font-size: 1.1em;">Fayetteville, AR 72703</p>	
<b>TELEPHONE NUMBER</b> <p style="font-size: 1.1em;">479-443-3700</p>	

This report covers period: (01-09-15) through (06-30-15)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$60.15	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$2,617.20	\$35,904.72
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	128.20	\$33,349.59
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$2,555.15	

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]*  
Signature of Ballot Question Committee Officer

State of Arkansas

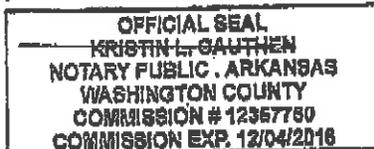
County of Washington } ss

Subscribed and sworn before me this 15 day of July, 2015.

(Legible Notary Seal)

*Kristin L. Gauthen*  
Signature of Notary Public

My Commission Expires



**ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OF \$100 OR MORE**

Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
<b>9. TOTAL ITEMIZED MONETARY CONTRIBUTIONS RECEIVED</b>			\$ 0.00	
<b>10. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS RECEIVED</b>			\$ 2,617.20	
<b>11. TOTAL MONETARY CONTRIBUTIONS RECEIVED</b> <small>(to be entered on line #4)</small>			\$ 2,617.20	

