

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

JUL 17 2014

ARKANSAS ETHICS
COMMISSION

BY TE

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

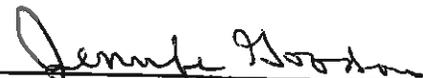
| | |
|--|---|
| 1. NAME OF COMMITTEE (IN FULL) <p style="font-size: 1.2em;">Great Libraries Fort Smith</p> | 2. TYPE OF REPORT <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election) <p style="font-size: 0.8em;">*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</p> |
| ADDRESS <p style="font-size: 1.2em;">3201 Rogers Ave.</p> | |
| CITY, STATE AND ZIP CODE <p style="font-size: 1.2em;">Fort Smith AR 72903</p> | |
| TELEPHONE NUMBER | |

This report covers period: (6 - 19 - 14) through (6 - 30 - 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 | \$ 5000.00 | \$ 5000.00 |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD | 0 | |
| 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD | \$ 5000.00 | 0 |

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.

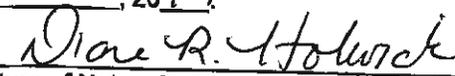

 Signature of Ballot Question Committee Officer

State of Arkansas

County of Sebastian }^{ss}

Subscribed and sworn before me this 15th day of July, 2014

DIANE R HOLWICK
Notary Public-Arkansas
Sebastian County
(Legible Notary Seal)
My Commission Expires 06-15-2023
Commission # 12394113


 Signature of Notary Public

My Commission Expires 6-15-2023

ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE
Please Type or Print

| Date of Receipt | Name of Contributor | Street Address of Contributor | Place of Business Employer/Occupation | Amount of Contribution | Cumulative Total from this Contributor |
|---|---------------------|-------------------------------|---------------------------------------|------------------------|--|
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| 11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE | | | | | 5000.00 |
| 12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS | | | | | 0 |
| 13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12) | | | | | 5000.00 |

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 |
|---|---------------------|-------------------------------|--|--|
| None | | | | |
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| 15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT | | | 0 | |

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 |
|---|--|----------------|--------------------------|---------------------------|
| None | | | | |
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| 17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE | | | | 0 |
| 18. TOTAL UNITEMIZED EXPENDITURES | | | | 0 |
| 19. TOTAL EXPENDITURES THIS REPORT (Includes totals from lines 17 and 18) | | | | 0 |

