

# LEGISLATIVE QUESTION FINANCIAL REPORT OF INDIVIDUAL OR ELECTED OFFICIAL

To be filed with:  
 Arkansas Ethics Commission  
 Post Office Box 1917  
 Little Rock, AR 72203  
 Phone (501) 324-8600  
 Fax (501) 324-8606

(Arkansas Ethics Commission File Stamp)

FILED

SEP 15 2014

ARKANSAS ETHICS  
 COMMISSION

BY TE

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

<b>1. NAME OF INDIVIDUAL OR ELECTED OFFICIAL</b> Harrison Public Safety Comm. Hec ATTN: MAH ADDRESS <span style="float: right;">ODon</span>	<b>2. TYPE OF REPORT</b> <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Pre-election Report (due 7 days before election) <input checked="" type="checkbox"/> Filing Report (due 30 days after election)
116 S Spring st <b>CITY, STATE AND ZIP CODE</b> Harrison AR 72601	
<b>TELEPHONE NUMBER</b> 870-741-5463	

This report covers period: ( 8 - 12 - 14 ) through ( 9 - 12 - 14 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
<b>3. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD</b>	\$ 7805.53	\$ 7805.53

**4. ( ) 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 Individual or Elected Official

State of Arkansas  
 County of Boone ) ss

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

  
 \_\_\_\_\_  
 Signature of Notary Public

(Legible Notary Seal)

My Commission Expires November 1, 2022



Revised 12/2013





