

# 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

AUG 12 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><br>Jacksonville Wet/Dry Campaign Committee | <b>2. TYPE OF REPORT</b><br><input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month)<br><input type="checkbox"/> Preelection Report (due 7 days before election)*<br><input type="checkbox"/> Final Report (due 30 days after election) |
| <b>ADDRESS</b><br>Loc Dupree Dr.   | *NOTE: Preelection report must be received by the Ethics Commission on or before due date.   |
| <b>CITY, STATE AND ZIP CODE</b><br>Jacksonville, AR 72076                        |  |
| <b>TELEPHONE NUMBER</b><br>501.982.1511  |  |

This report covers period: (07-11-14) through (08-12-14)

| SUMMARY  | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|--|----------------------|-------------------|
| 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD             | 15,163.39            |                   |
| 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | 0.00                 |                   |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD               | 0.00                 |                   |
| 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD                 | 15,163.39            |                   |

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 Pulaski } ss

Subscribed and sworn before me this 12 day of August, 2014.

(Legible Notary Seal)

*[Signature]*  
Signature of Notary Public

My Commission Expires 2-3-24







**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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|   |                     |                               |                                       |                        |  |
| <b>11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE</b>                                  |                     |                               |                                       |                        | 0.00                                   |
| <b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>  |                     |                               |                                       |                        |  |
| <b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b><br>(includes totals from lines 9, 11, and 12) |                     |                               |                                       |                        | 0.00                                   |

**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 |
|---|---------------------|-------------------------------|--|--|
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| <b>15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b> |                     |                               | 0.00                                   |  |

**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 |
|---|---|----------------|-----------------------|------------------------|
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| <b>17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE</b>                             |   |                | 0.00                  |                        |
| <b>18. TOTAL UNITEMIZED EXPENDITURES</b>  |   |                |                       |                        |
| <b>19. TOTAL EXPENDITURES THIS REPORT</b><br>(Includes totals from lines 17 and 18) |   |                | 0.00                  |                        |

