

# 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

MAY 15 2015

ARKANSAS ETHICS  
COMMISSION

BY *[Signature]*

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

<b>1. NAME OF COMMITTEE (IN FULL)</b> <i>Jacksonville Wet/Dry Campaign Committee</i>	<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> <i>200 Dupree Dr.</i>	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
<b>CITY, STATE AND ZIP CODE</b> <i>Jacksonville, AR 72076</i>	
<b>TELEPHONE NUMBER</b> _____	

This report covers period: *(04 - 01 2015)* through *(04 - 30 2015)*

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	<i>561.53</i>	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	<i>10.00</i>	<i>50,000.00</i>
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	<i>201.53</i>	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<i>0.20</i>	

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 *15* day of *May*, 20*15*.

(Legible Notary Seal)

*[Signature]*  
Signature of Notary Public

My Commission Expires *2-3-2024*







**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
<b>11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE</b>					0.00
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>					57,000.00
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 9, 11, and 12)					0.00





**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
<b>17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE</b>				Sel. 58
<b>18. TOTAL UNITEMIZED EXPENDITURES</b>				50,000.00
<b>19. TOTAL EXPENDITURES THIS REPORT</b> (includes totals from lines 17 and 18)				Sel. 58

