

LOCAL-OPTION BALLOT QUESTION COMMITTEE FINANCIAL REPORT

To be filed with:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-8600
Fax (501) 324-8908

(Arkansas Ethics Commission File Stamp)



Every Month

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

1. NAME OF COMMITTEE (IN FULL) <u>KEEP OUR DOWNERS IN JOHNSON COUNTY</u>	
ADDRESS <u>1514 COUNTY ROAD 2301</u>	2. TYPE OF REPORT <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Pre-election Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE <u>CUMMINGSVILLE, AR 72830</u>	*NOTE: Pre-election report must be received by the Ethics Commission on or before due date.
TELEPHONE NUMBER	

This report covers period: (1-1-16) through (1-31-16)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	<u>100.00</u>	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	<u>40000.00</u>	<u>40100.00</u>
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	<u>0.00</u>	<u>0.00</u>
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<u>40100.00</u>	

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 Local-Option Ballot Question Committee Officer

State of Arkansas

County of Johnson

Subscribed and sworn before me this 15 day of February, 2016

[Signature]
Signature of Notary Public

(Legible Notary Seal)
My Commission Expires 3/24/19

