

# LOCAL-OPTION BALLOT QUESTION COMMITTEE FINANCIAL REPORT

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

FILED

OCT 27 2016

ARKANSAS ETHICS  
COMMISSION

BY ACJ

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

<b>1. NAME OF COMMITTEE (IN FULL)</b> KEEP OUR DOLLARS IN JOHNSON COUNTY	<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> 1514 CR 2301	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
<b>CITY, STATE AND ZIP CODE</b> CLAFFSVILLE, AR 72830	
<b>TELEPHONE NUMBER</b> 479-647-8019	

This report covers period: ( 9 - 1 - 16 ) through ( 9 - 30 - 16 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	6794 43	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0	200 684 54
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	5 00	193 895 11
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	6789 43	

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.

Raul A. O. [Signature]

Signature of Local-Option Ballot Question Committee Officer

State of Arkansas

County of Johnson } ss

Subscribed and sworn before me this 13th day of October, 2016

Alicia Case

Signature of Notary Public

(Legible Notary Seal)

My Commission Expires Aug 15, 2020

Adopted 12/2013

ALICIA CASE  
Arkansas - Johnson County  
Notary Public - Comm# 12377785  
My Commission Expires Aug 15, 2020

**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>					
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>					
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 9, 11, and 12)					



