

# 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

AUG 13 2016

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> <p style="font-size: 1.2em; color: blue;">SHARE Committee</p>	<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> <p style="font-size: 1.2em; color: blue;">1220 EAST ELM</p>	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
<b>CITY, STATE AND ZIP CODE</b> <p style="font-size: 1.2em; color: blue;">Russellville, AR 72802</p>	
<b>TELEPHONE NUMBER</b> <p style="font-size: 1.2em; color: blue;">479-857-0437</p>	

This report covers period: ( 7 - 1 - 16 ) through ( 7 - 31 - 16 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$ 14,931.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	30,000.00	\$ 220,000.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	30,000.00	205,069.00
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 14,931.00	

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.

State of Arkansas \_\_\_\_\_  
 County of Conway \_\_\_\_\_  
 Signature of Local-Option Ballot Question Committee Officer: *Mary Andress*  
 MY COMMISSION # 12401661  
 EXPIRES: November 4, 2024  
 Conway County

Subscribed and sworn before me this 11<sup>th</sup> day of Aug, 2016.  
 Signature of Notary Public: *Mary Andress*  
 (Legible Notary Seal)

My Commission Expires Nov 4, 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>					\$ 30,000.00
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>					0
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 9, 11, and 12)					\$ 30,000.00





**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>			\$30,000.00	
<b>18. TOTAL UNITEMIZED EXPENDITURES</b>			0	
<b>19. TOTAL EXPENDITURES THIS REPORT</b> (Includes totals from lines 17 and 18)			\$30,000.00	

