

Legislative
~~LOCAL-OPTION BALLOT QUESTION COMMITTEE (L-OBQC)~~ *LQC*
STATEMENT OF ORGANIZATION

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

JAN 13 2016

ARKANSAS ETHICS
COMMISSION

BY *[Signature]*

Check if this is an amendment to a previously filed statement of organization

Section One: L. QC Name

Name of L. QC (in full): Committee to Connect

Section Two: L. QC Address & Phone Number

If L. QC has no office address, use the address of the L. QC officer authorized to receive notices on behalf of the L. QC.

Address: PO Box 2516
City: Little Rock State: AR Zip: 72203 Telephone Number: (501) 374-6000

Section Three: L. QC Officers and Directors

Provide the name, title, address, and telephone number of the treasurer and other principal officers and directors of the L. QC.

Name: Jimmy Moses Title: Chair

Address: 3114 Edgerstoune Ln. City: Little Rock State: AR Zip: 72205

Telephone Number: (501) 663-6641

Name: Kathy Webb Title: Co-Chair

Address: 14 Pilot Point Pl City: Little Rock State: AR Zip: 72205

Telephone Number: (501) 258-1949

Name: Donna Massey Title: Co-Chair

Address: 1410 S Tyler St. City: Little Rock State: AR Zip: 72204

Telephone Number: (501) 231-6044

Name: John Green Title: Treasurer

Address: 94 Mountain Terrace Circle City: Maumelle State: AR Zip: 72113

Telephone Number: (501) 944-4553

Section Four: Financial Information

Provide the name and address of each financial institution in which the L- QC deposits money or anything else of monetary value.

Name of Financial Institution: Regions Bank

Address: 400 W Capitol City: Little Rock State: AR Zip: 72201

Name of Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Section Five: Members

Provide the name of each person who is a member of the committee. A person that is not an individual may be listed by its name without also listing its own members, if any.

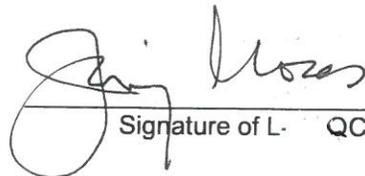
Buddy Villines, Co-Chair - 38 N Sherrill Rd., Little Rock, AR 72202.
(501) 664.8434

Section Six: Brief Statement

Provide a brief statement identifying the substance of each local-option ballot question as to which the L- QC will expressly advocate the qualification, disqualification, passage, or defeat, and, if known, the date each ~~local-option ballot~~ legislature question shall be presented to a popular vote at an election.

Pulaski County referendum on a quarter-cent sales tax that would
provide dedicated funding to the public transportation agency Rock Region Metro -

1-13-16
Date


Signature of L- QC Officer

LOCAL-OPTION BALLOT QUESTION COMMITTEE (L-OBQC) STATEMENT OF ORGANIZATION

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

JAN 13 2016

ARKANSAS ETHICS
COMMISSION

BY AWP

Check if this is an amendment to a previously filed statement of organization

Section One: L-OBQC Name

Name of L-OBQC (in full): Committee to Connect

Section Two: L-OBQC Address & Phone Number

If L-OBQC has no office address, use the address of the L-OBQC officer authorized to receive notices on behalf of the L-OBQC.

Address: PO Box 2516

City: Little Rock State: AR Zip: 72203 Telephone Number: (501) 374-6000

Section Three: L-OBQC Officers and Directors

Provide the name, title, address, and telephone number of the treasurer and other principal officers and directors of the L-OBQC.

Name: Jimmy Moses Title: Chair

Address: 3114 Edgerstoune Ln. City: Little Rock State: AR Zip: 72205

Telephone Number: (501) 663-6641

Name: Kathy Webb Title: Co-Chair

Address: 14 Pilot Point Pl City: Little Rock State: AR Zip: 72205

Telephone Number: (501) 258-1949

Name: Donna Massey Title: Co-Chair

Address: 1410 S Tyler St. City: Little Rock State: AR Zip: 72204

Telephone Number: (501) 231 6044

Name: John Green Title: Treasurer

Address: 94 Mountain Terrace Circle City: Marionville State: AR Zip: 72113

Telephone Number: (501) 944-4553

Section Four: Financial Information

Provide the name and address of each financial institution in which the L-OBQC deposits money or anything else of monetary value.

Name of Financial Institution: Regions Bank

Address: 400 W Capitol City: Little Rock State: AR Zip: 72201

Name of Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Section Five: Members

Provide the name of each person who is a member of the committee. A person that is not an individual may be listed by its name without also listing its own members, if any.

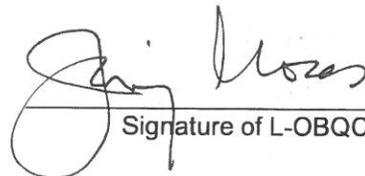
Buddy Villines, Co-Chair - 38 N Sherrill Rd., Little Rock, AR 72202.
(501) 664.8434

Section Six: Brief Statement

Provide a brief statement identifying the substance of each local-option ballot question as to which the L-OBQC will expressly advocate the qualification, disqualification, passage, or defeat, and, if known, the date each local-option ballot question shall be presented to a popular vote at an election.

Pulaski County referendum on a quarter-cent sales tax that would
provide dedicated funding to the public transportation agency Rock Region Metro -

1-13-10
Date


Signature of L-OBQC Officer