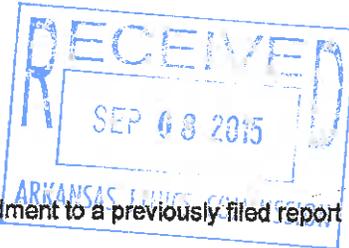


# BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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)



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

1. NAME OF COMMITTEE (IN FULL) <i>Support OZARK Schools Millage Campaign</i>		2. TYPE OF REPORT <input 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)  *NOTE: Preelection report must be received by the Ethics Commission on or before due date.
ADDRESS <i>PO Box 524 OZARK, AR 72949</i>		
CITY, STATE AND ZIP CODE <i>OZARK, AR 72949</i>		
TELEPHONE NUMBER <i>479-209-1500</i>		

Sept 15  
Sept 8

This report covers period: *08-13-15* through *109-08-15*

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	<i>\$1,000.00</i>	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD <i>Beginning Balance, Contribution</i>	<i>1,200.00</i>	<i>\$1,000.00</i>
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	<i>765.64</i>	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<i>765.64</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

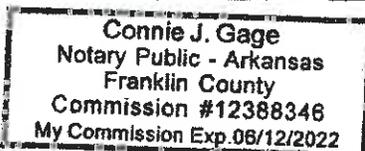
County of Franklin ) ss

Subscribed and sworn before me this 8 day of Sept, 20 15.

(Legible Notary Seal)

*[Signature]*  
Signature of Notary Public

My Commission Expires 6/12/2022







**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>				\$1,000 <sup>00</sup>	
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>				0-	
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 9, 11, and 12)				\$1,000 <sup>00</sup>	

**14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE**  
 (Does not include volunteer services by individuals)

Date of Receipt	Name of Contributor	Street Address of Contributor	Description and Value of Nonmoney Item	Cumulative Total from this Contributor
<b>15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b>			0	

**IMPORTANT**

In addition to monetary contributions, committees should report the receipt of any nonmoney ("in-kind") contributions. A committee receives an in-kind contribution whenever a person provides the committee with an item or service without charge or for a charge that is less than the fair market value of the item or service in question.





