

LEGISLATIVE 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

FEB 10 2014

ARKANSAS ETHICS
COMMISSION

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

BY _____

1. NAME OF COMMITTEE (IN FULL) Committee For Pulaski County Jobs, Inc.	2. TYPE OF REPORT <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)
ADDRESS P.O. Box 94515	*NOTE: Preelection report must be <i>received</i> by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE N. Little Rock, AR 72190	
TELEPHONE NUMBER 501.310.4312	

This report covers period: (1 - 10 - 14) through (1 - 31 - 14)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	-0-	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$22,200	\$22,200
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	-0-	-0-
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$22,200	

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.

[Handwritten Signature]

Signature of Legislative Question Committee Officer

State of Arkansas
County of Pulaski) ss

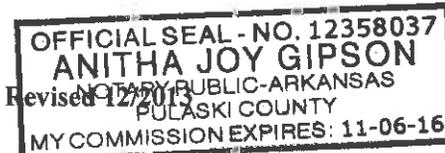
Subscribed and sworn before me this 10th day of February, 2014.

[Handwritten Signature]

Signature of Notary Public

(Legible Notary Seal)

My Commission Expires 11-06-16



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
11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE					5
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					-0-
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)					\$22,200

