

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 14 2014

ARKANSAS ETHICS
COMMISSION

BY TE

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

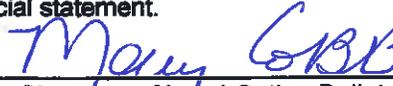
1. NAME OF COMMITTEE (IN FULL) KEEP DOLLARS in Shelwood	2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
ADDRESS 7217 PARK MEADOWS DRIVE	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Shelwood, AR 72120	
TELEPHONE NUMBER 501-833-2051	

This report covers period: 07 - 01 2014 through 07 - 31 2014

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$6,767.62	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$0.00	6,767.62
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$2,661.64	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$4,105.98	

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.

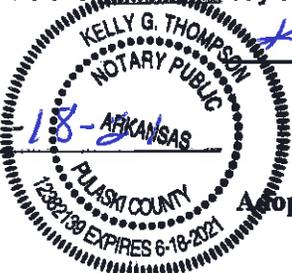
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

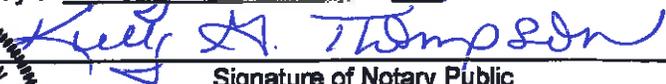


 Signature of Local-Option Ballot Question Committee Officer

State of Arkansas }
 County of Fulaski } ss

Subscribed and sworn before me this 14th day of August 2014

(Legible Notary Seal) 



 Signature of Notary Public

My Commission Expires 6-18-2021 Adopted 12/2013

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					
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (Includes totals from lines 9, 11, and 12)					\$0.00

**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
17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE			\$2,661.64	
18. TOTAL UNITEMIZED EXPENDITURES				
19. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 17 and 18)				

