

# 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

NOV 12 2014

ARKANSAS ETHICS  
COMMISSION

BY TE

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;">Arkansas Beverage Retailers Assoc. Fund</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 checked="" type="checkbox"/> Final Report (due 30 days after election)
<b>ADDRESS</b> <p style="font-size: 1.2em; color: blue;">P.O. Box 1402</p>	<p><small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small></p>
<b>CITY, STATE AND ZIP CODE</b> <p style="font-size: 1.2em; color: blue;">Russellville, AR 72811</p>	
<b>TELEPHONE NUMBER</b> <p style="font-size: 1.2em; color: blue;">479-747-1078</p>	

This report covers period: ( 11 - 1 - 14 ) through ( 11 - 4 - 14 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$ 2,998.77	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0	\$90,000.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	0	87,001.23
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 2,998.77	

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.

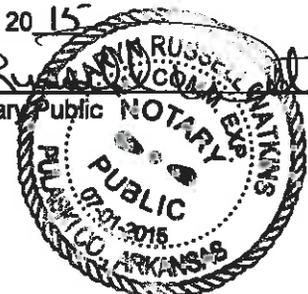
\_\_\_\_\_  
 Signature of Ballot Question Committee Officer

State of Arkansas }  
 County of Pulaski } ss

Subscribed and sworn before me this 11<sup>th</sup> day of November, 20 15

(Legible Notary Seal)

\_\_\_\_\_  
 Signature of Notary Public



My Commission Expires 07-01-2015