

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

FEB 14 2014

ARKANSAS ETHICS
COMMISSION

BY _____

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

1. NAME OF COMMITTEE (IN FULL) Give Arkansas a Raise Now	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 5009 Candlewick Lane	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE North Little Rock, AR 72116	
TELEPHONE NUMBER (501) 626-9220	

This report covers period: (01 - 01 - 2014) through (01 - 31 - 2014)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	None	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$5,100.00	\$5,100.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	None	None
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$5,100.00	

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

LAURA C. CHALLENGER
 PULASKI COUNTY
 NOTARY PUBLIC - ARKANSAS
 My Commission Expires October 31, 2021
 Commission No. 12385045

Subscribed and sworn before me this 13 day of February, 2014.

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires October 31, 2021

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					\$5,100.00
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					None
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)					\$5,100.00

