

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

JAN 26 2015

ARKANSAS ETHICS
COMMISSION

BY TE

Check if this report is an amendment to a previously filed report (* See below)

1. NAME OF COMMITTEE (IN FULL) Give Arkansas a Raise Now	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 checked="" type="checkbox"/> Final Report (due 30 days after election) *(This report is a supplement to a report previously filed on December 4, 2014.) *NOTE: Preelection report must be received by the Ethics Commission on or before due date.
ADDRESS 5009 Candlewick Lane	
CITY, STATE AND ZIP CODE North Little Rock, AR 72116	
TELEPHONE NUMBER (501) 626-9220	

This report covers period: (12 - 04 - 2014) through (01 - 20 - 2015)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$548.77	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$80.05	\$21,274.74
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$628.82	\$21,274.74
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	None	

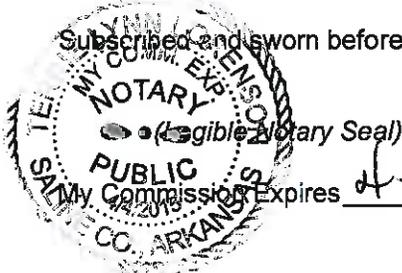
7. () **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.

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.

_____ Treasurer
 Signature of Ballot Question Committee Officer

State of Arkansas
County of Saline } ss

Subscribed and sworn before me this 26 day of January, 2015



 Signature of Notary Public

8. LOAN INFORMATION
Please Type or Print
Do Not List Loans Previously Reported

Date	Name and Address of Lender	Amount
	None	
	9. TOTAL LOANS THIS REPORT	None

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					\$80.00
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					\$0.05
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)					\$80.05

14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE

(Does not include volunteer services by individuals)

Date of Receipt	Name of Contributor None	Street Address of Contributor	Description and Value of Nonmoney Item	Cumulative Total from this Contributor
15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT			None	

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.

