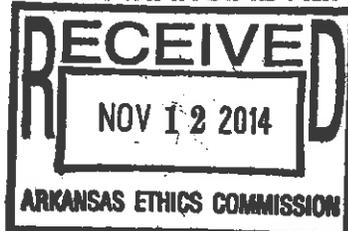


Oct 2014

### LEGISLATIVE QUESTION COMMITTEE FINANCIAL REPORT

ATTN: Todd Elders

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1817  
Little Rock, AR 72203  
Phone (501) 324-9300  
Fax (501) 324-9809



(Arkansas Ethics Commission File Stamp)

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

1. NAME OF COMMITTEE (IN FULL) <i>Keep Southside Free From Annexation</i>	
ADDRESS <i>17 Red Bud Drive</i>	2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 16 days after end of month) <input checked="" type="checkbox"/> Proelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE <i>Batesville, AR 72501</i>	*NOTE: Proelection report must be received by the Ethics Commission on or before due date.
TELEPHONE NUMBER <i>870-793-5713</i>	

This report covers period: (10-01-14) through (10-28-14)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	<i>10,317.03</i>	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	<i>1,020.00</i>	<i>15,302.99</i>
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	<i>3,290.00</i>	<i>7,455.96</i>
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<i>7,487.03</i>	

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.

*Sunny Casey*  
Signature of Legislative Question Committee Officer

State of Arkansas

County of Independence ) ss

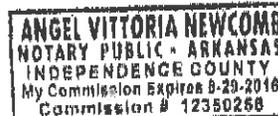
Subscribed and sworn before me this 12th day of NOVEMBER, 2014.

(Legible Notary Seal)

*Angel Victoria Newcomb*  
Signature of Notary Public

My Commission Expires 8/29/2016

Revised 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
<b>11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE</b>					1000.00
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>					20.00
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 9, 11, and 12)					1020.00







