

**LEGISLATIVE 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

DEC 04 2014

ARKANSAS ETHICS
COMMISSION

BY TE

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>		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) *NOTE: Preelection report must be received by the Ethics Commission on or before due date.
ADDRESS <i>17 Red Bud Drive</i>		
CITY, STATE AND ZIP CODE <i>Batesville, AR 72501</i>		
TELEPHONE NUMBER		

This report covers period: (10 - 28 - 14) through (12 - 03 - 14)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	2,847.03	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	- 0 -	15,302.99
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	5133.86	12,589.82
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	2713.17	

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.

Jerry Casey
Signature of Legislative Question Committee Officer

State of Arkansas
County of Independence) ss

Subscribed and sworn before me this 3rd day of December, 2014.

(Legible Notary Seal)

Angel Victoria Newcomb
Signature of Notary Public

My Commission Expires 8/29/2016

Revised 12/2013



**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			5133.86	
18. TOTAL UNITEMIZED EXPENDITURES			-0-	
19. TOTAL EXPENDITURES THIS REPORT (Includes totals from lines 17 and 18)			5133.86	

