

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

MAY 05 2014

ARKANSAS ETHICS
COMMISSION

BY _____

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

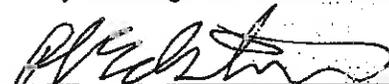
<p>1. NAME OF COMMITTEE (IN FULL) <u>Vote for Growth in Columbia County</u></p>	<p>2. TYPE OF REPORT <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election) *NOTE: Preelection report must be received by the Ethics Commission on or before due date. </p>
<p>ADDRESS <u>PO Box 670</u></p>	<p>CITY, STATE AND ZIP CODE <u>MAGNOLIA, AR 71754</u></p>
<p>CITY, STATE AND ZIP CODE</p>	
<p>TELEPHONE NUMBER <u>870-234-7661</u></p>	

This report covers period: (4 - 1 - 14) through (4 - 30 - 14)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	42,585.36	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	2,109.99	53,165.94
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	873.55	9,364.14
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	43,801.80	

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.

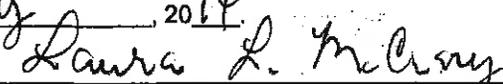
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.


 Signature of Ballot Question Committee Officer

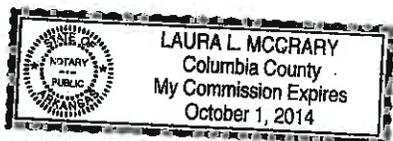
State of Arkansas
County of Columbia ss

Subscribed and sworn before me this 5th day of May, 2014.

(Legible Notary Seal)


 Signature of Notary Public

My Commission Expires _____



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
11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE					
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					49.99
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)					2109.99

**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			893.55	
18. TOTAL UNITEMIZED EXPENDITURES				
19. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 17 and 18)			893.55	