

LEGISLATIVE QUESTION COMMITTEE FINANCIAL REPORT

(Arkansas Ethics Commission File Stamp)

To be filed with:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Fax (501) 324-9606

FILED

NOV 08 2013

ARKANSAS ETHICS
COMMISSION

BY _____

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

1. NAME OF COMMITTEE (IN FULL) <p style="text-align: center; font-weight: bold;">Keep Independence County Growing</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) <small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small>
ADDRESS P.O. Box 2135	
CITY, STATE AND ZIP CODE Batesville, Arkansas 72501	
TELEPHONE NUMBER	

This report covers period: (10 - 1 - 2013) through (10 - 31 - 2013)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	0	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	20850	20850
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	0	0
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	20850	

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 Legislative Question Committee Officer

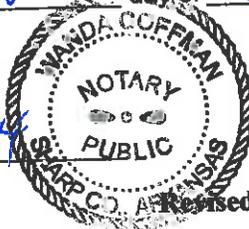
State of Arkansas
County of Charley } ss

Subscribed and sworn before me this 8th day of November, 2013.

(Legible Notary Seal)

 Signature of Notary Public

My Commission Expires 7-13-14



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	0

Estimated Fair Market Value If Over \$50
 (Does not include volunteer services by individuals)

Date of Receipt	Name of Contributor	Street Address of Contributor	Description and Value of Nonmoney Item	Cumulative Total from this Contributor
15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE				
16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS				
17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT (includes totals from lines 15 and 16)				

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.

