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)

RECEIVED
NOV 08 2013
ARKANSAS ETHICS COMMISSION

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

1. NAME OF COMMITTEE (IN FULL)

Keep Independence County Growing

ADDRESS

P.O. Box 2135

CITY, STATE AND ZIP CODE

Batesville, Arkansas 72501

TELEPHONE NUMBER

2. TYPE OF REPORT

☒ Monthly Report (due 15 days after end of month)

☐ Preelection Report (due 7 days before election)*

☐ Final Report (due 30 days after election)

*NOTE: Preelection report must be received by the Ethics Commission on or before due date.

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 Izard) ss

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

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires 7-13-2016

Revised 07/07

8. LOAN INFORMATION

Please Type or Print

Do Not List Loans Previously Reported

Date	Name and Address of Lender	Amount
	NONE	
	8. TOTAL LOANS THIS REPORT	0

10. ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OF $50 OR MORE

Please Type or Print
Use Additional Copies of this Page if Necessary

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from the Contributor
10/17/13	Midwest Lime Inc.	50 W Midwest Ln, Batesville, AR 72501	5000	5000
10/17/13	Citizens Bank	PO Box 2156, Bates, AR 72501	5000	5000
10/17/13	LaCroix Optical Co.	50 LaCroix Dr, Batesville, AR 72501	5000	5000
10/21/13	First Community Bank	PO Box 4527, Batesville, AR 72501	5000	5000
10/28/13	RS AG, Inc	870 Shug Road, Newark AR 72562	500	500
10/28/13	Hoyb Roberts	808 E. Main Street, Batesville, AR 72501	250	250
10/17/13	Lawrence Jones	PO Box 2468 Batesville, AR 72503	100	100

ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OF $50 OR MORE

Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
	11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF $50 OR MORE			20850
	12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS			
	13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (Includes totals from lines 9, 11, and 12)			20850

14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE

Revised 07/07

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 (Include 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.

18. ITEMIZED EXPENDITURES MADE BY COMMITTEE OF $100 OR MORE

Please Type or Print

Use Additional Copies of this Page if Necessary

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure
	NONE			

ITEMIZED EXPENDITURES MADE BY COMMITTEE OF $100 OR MORE

Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure

19. TOTAL ITEMIZED EXPENDITURES OF $100 OR MORE	
20. TOTAL UNITEMIZED EXPENDITURES	
21. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 19 and 20)	0