

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

NOV 27 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-size: 1.2em;">Keep Independence County Growing</p> | 2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input checked="" type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election) |
| ADDRESS P.O. Box 2135 | *NOTE: Preelection report must be received by the Ethics Commission on or before due date. |
| CITY, STATE AND ZIP CODE Batesville, Arkansas 72501 | |
| TELEPHONE NUMBER | |

This report covers period: (11 - 1 - 2013) through (11 - 30 - 2013)

| SUMMARY | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|--|----------------------|-------------------|
| 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD | 20850 | |
| 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | 4850 | 25700 |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD | 2870.6 | 2870.6 |
| 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD | 22829.4 | |

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.

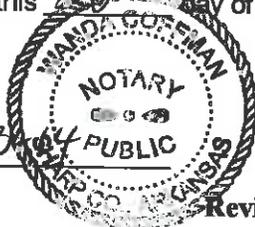
R. J. Smith

Signature of Legislative Question Committee Officer

State of Arkansas
 County of Sharp } ss

Subscribed and sworn before me this 26th day of November, 2013.

(Legible Notary Seal)



Mandy Coffman

Signature of Notary Public

My Commission Expires 7-13-14

14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE

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) | | | | NONE |

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.

