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
JAN 15 2014
ARKANSAS ETHICS COMMISSION

☐ Check if this report is an amendment to an earlier report

1. NAME OF COMMITTEE (IN FULL)	
Keep Independence County Growing	
ADDRESS P.O. Box 2135	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.
CITY, STATE AND ZIP CODE Batesville, Arkansas 72501	
TELEPHONE NUMBER	

This report covers period: (12 - 1 - 2013) through (1 - 10 - 2014)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	22829.4	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0	24700
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	21397.93	24268.53
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	1431.47	

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
} ss
County of Independence

Subscribed and sworn before me this 15th day of January, 2014.

Signature of Notary Public

(Notary Seal)

My Commission Expires 8-01-2029

Revised 07/07

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

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 this Contributor
	NONE			

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			
	12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS			
	13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (Includes totals from lines 9, 11, and 12)			NONE

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.

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
12/11/13	Jodie's	Riverside Park	332.64	food/room
12/11/13	Larry Jones	PO Box 2463 Batesville, AR 72503	113.41	Reimburse for food for Call Center
12/11/13	Shylena Scott	Lyon College	137.5	Call Center
12/11/13	Cameron Bowden	Lyon College	115	Call Center
1/16/14	Arkansas Weekly	Harrison Street Batesville AR	537	Display Ad
12/11/13	Markham Group	Little Rock	20000	Consultants

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	21235.55
20. TOTAL UNITEMIZED EXPENDITURES	162.38
21. TOTAL EXPENDITURES THIS REPORT (Excluding totals from lines 19 and 20)	21397.93