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
FEB 14 2014
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: (1 - 10 - 2014) through (1 - 31 - 2014)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	1541.47	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	3820.11	25700
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	5361.58	29520.11
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	0	

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]
Signature of Legislative Question Committee Officer

State of Arkansas
County of Sharp) ss

Subscribed and sworn before me this 14th day of February, 20 14

Wanda Coleman
Signature of Notary Public

(Legible Notary Seal)

My Commission Expires 7-3-14

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
01/28/14	Midwest Lime Inc.	50 W Midwest Ln, Batesville, AR 72501	910	5910
01/28/14	LaCroix Optical Co.	50 LaCroix Dr, Batesville, AR 72501	910	5910
01/28/14	Robert Stroud	P.O. Box 2135, Batesville, AR 72503	2000.11	2000.11

11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF $50 OR MORE	3820.11
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS	NONE
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (Includes totals from lines 9, 11, and 12)	3820.11

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
01/29/14	Markham Group		5361.59	Final Billing

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	5361.58
20. TOTAL UNITEMIZED EXPENDITURES	
21. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 19 and 20)	5361.58