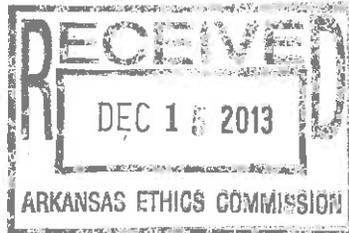


### BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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)

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

1. NAME OF COMMITTEE (IN FULL) GROWING JACKSONVILLE	
ADDRESS 930 EAST KIEHL AVENUE	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)  *NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE SHERWOOD AR 72120	
TELEPHONE NUMBER 501-425-5454	

This report covers period: (11-01-2013) through (11-30-2013)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$3,412.01	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0.00	\$16,000.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$2,400.00	\$14,987.99
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$1,012.01	

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.

*Karen J. Ralby*  
Signature of Ballot Question Committee Officer

State of Arkansas  
County of Pulaski } ss

Subscribed and sworn before me this 15<sup>th</sup> day of December, 2013.

(Legible Note)

*Johnetta Ruth Green*  
Signature of Notary Public

My Commission Expires 10-29-2021







**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
None				
<b>15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE</b>			<b>\$0.00</b>	
<b>16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS</b>			<b>\$0.00</b>	
<b>17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 15 and 16)			<b>\$0.00</b>	

**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.



**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
<b>19. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE</b>			<b>\$2,400.00</b>	
<b>20. TOTAL UNITEMIZED EXPENDITURES</b>			<b>0.00</b>	
<b>21. TOTAL EXPENDITURES THIS REPORT</b> <i>(includes totals from lines 19 and 20)</i>			<b>\$2,400.00</b>	