

LEGISLATIVE QUESTION COMMITTEE (AMENDED) 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

FEB 12 2014

ARKANSAS ETHICS
COMMISSION

BY _____

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

1. NAME OF COMMITTEE (IN FULL) Your Town	2. TYPE OF REPORT <input 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)
ADDRESS 605 E Race	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Searcy, AR 72143	
TELEPHONE NUMBER 501.305.4800	

This report covers period: (01-01-2014) through (02-04-2014)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	0.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$1,749.10	\$1,749.10
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$1,689.10	\$1,689.10
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$60.00	

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 White

Subscribed and sworn before me this 10th day of February 2014

(Legible Notary Seal)




 Signature of Notary Public

My Commission Expires 12/21/2019

8. LOAN INFORMATION
Please Type or Print
Do Not List Loans Previously Reported

Date	Name and Address of Lender	Amount
	NONE	
		0.00
9. TOTAL LOANS THIS REPORT		

ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE

Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Place of Business Employer/Occupation	Amount of Contribution	Cumulative Total from this Contributor
11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE					\$1,749.10
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					\$00.00
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)					\$1,749.10

