

# 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

JUN 05 2014

ARKANSAS ETHICS  
COMMISSION

BY TE

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

<b>1. NAME OF COMMITTEE (IN FULL)</b> FRIENDS TO SAVE OUR HOSPITAL	<b>2. TYPE OF REPORT</b> <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)
<b>ADDRESS</b> P O BOX 594	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
<b>CITY, STATE AND ZIP CODE</b> WEST MEMPHIS AR 72303	
<b>TELEPHONE NUMBER</b> 870-733-3877	870-735-3430 SEC/TREASURER

This report covers period: ( 5 - 1 - 14 ) through ( 5 - 31 - 14 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	4,750.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	11,473.75	16,223.75
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	1,591.05	1,591.05
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	14,632.70	

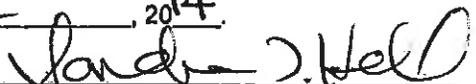
7. ( ) **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.

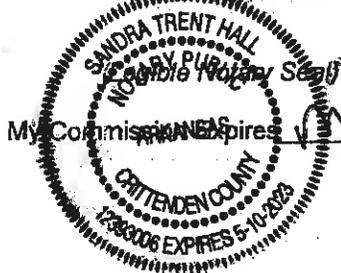
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

  
 Signature of Legislative Question Committee Officer

State of Arkansas )  
 ) ss  
 County of CRITTENDEN

Subscribed and sworn before me this 4th day of June, 2014.

  
 Signature of Notary Public





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

Please Type or Print  
Use Additional Copies of this Page if Necessary

Date of Receipt	Name of Contributor	Street Address of Contributor	Place of Business Employer/Occupation	Amount of Contribution	Cumulative Total from this Contributor
5/5	LOYD MCCUISTON JR, TRUST	450 S ROSELAWN WEST MEMPHIS, AR	RETIRED	100 <sup>00</sup>	100 <sup>00</sup>
5/5	RAMODA TAYLOR	124 ROSS WEST MEMPHIS AR	<del>CRITTENDEN HOSPITAL</del> DIRECTOR OF DEVELOPMENT	100 <sup>00</sup>	100 <sup>00</sup>
5/5	CHARLES ELLIOTT	1500 BRENTWOOD WEST MEMPHIS AR	RETIRED	500 <sup>00</sup>	500 <sup>00</sup>
5/5	GLORIA ELLIOTT	1500 BRENTWOOD WEST MEMPHIS AR	RETIRED	500 <sup>00</sup>	500 <sup>00</sup>
5/9	JIM STEVENS	1316 RICHLAND WEST MEMPHIS, AR	CRITTENDEN HOSPITAL LAB DIRECTOR	100 <sup>00</sup>	100 <sup>00</sup>
5/9	JASON MCKEWEEN	602 CHARLESWOOD MARION, AR	CRITTENDEN HOSPITAL PHARMACY DIRECTOR	500 <sup>00</sup>	500 <sup>00</sup>
5/14	FIDELITY NATIONAL BANK	BOX 2288 WEST MEMPHIS, AR	BANKING	1000 <sup>00</sup>	1000 <sup>00</sup>
5/14	WEST MEMPHIS EYE CENTER	303 W POLK WEST MEMPHIS AR	DOCTOR	500 <sup>00</sup>	500 <sup>00</sup>
5/15	ARKANSAS DISTRIBUTING	800 E. BARTON WEST MEMPHIS AR	FOR SALE DISTRIBUTOR	1000 <sup>00</sup>	1000 <sup>00</sup>
5/16	MICHAEL S HEMPERT	58 CROSS 391 WYNNE, AR	CRITTENDEN HOSPITAL	100 <sup>00</sup>	100 <sup>00</sup>
5/16	INTEGRITY ONCOLOGY FOUNDATION	1936 W. POPLAR COLLIERVILLE, TN	DOCTOR OFFICE	500 <sup>00</sup>	500 <sup>00</sup>
5/20	BILLY MCCANN, DDS	6249 MEADOW GROVE CIRCLE MEMPHIS TN	DOCTOR	100 <sup>00</sup>	100 <sup>00</sup>
5/20	DEBORAH FERGUSON	200 S RHODES SUITE B B WEST MEMPHIS AR	STATE REPRESENTATIVE	500 <sup>00</sup>	500 <sup>00</sup>
5/27	PATTY BONZALES	911 LAKELAND WEST MEMPHIS AR	RAZORBACK CONCRETE	500 <sup>00</sup>	500 <sup>00</sup>
5/27	DAVID SHAW	107 VISTAVIEW CV MARION, AR	CRITTENDEN HOSPITAL IT DEPT	1,000 <sup>00</sup>	1,000 <sup>00</sup>







