

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)



Check if this report is an annual report

1. NAME OF COMMITTEE (IN FULL) FRIENDS TO SAVE OUR HOSPITAL	
ADDRESS BOX 594	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 checked="" type="checkbox"/> Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE WEST MEMPHIS, AR 72301	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
TELEPHONE NUMBER 870-733-3877	870-735-3430 SEC

This report covers period: (6 - 17 - 14) through (7 - 22 - 14)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	2125270	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	292500	4274375
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	3414320	5270925
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<u>996550</u>	

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.

Randy Cott
Signature of Legislative Question Committee Officer

State of Arkansas) ss
County of CRITTENDEN

Subscribed and sworn before me this 22th day of JULY, 2014

Shelby J. Hobbs
Signature of Notary Public

(Legible Notary Seal)

My Commission Expires 8-1-2017

Revised 12/2013



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
6/20/14	SHEILA STINSON WOODARD	BOX 541 WYNNE, AR	DOCTOR	500 ⁰⁰	500 ⁰⁰
6/20/14	COAST TO COAST MEDICAL	2201 HORIZAN STE 4 WEST MEMPHIS	DOCTOR	500 ⁰⁰	500 ⁰⁰
6/23/14	RICHARD SCARBROUGH DDS	2551 HWY 77 SOUTH MARION	DENTIST	100 ⁰⁰	100 ⁰⁰
6/23/14	JAE HEAN KOH	903 W BARTON WEST MEMPHIS	CLEANER	500 ⁰⁰	500 ⁰⁰
6/27/14	NICKS CONSTRUCTION	2787 HWY 77 MARION, AR	CONSTRUCTION	100 ⁰⁰	100 ⁰⁰
6/27/14	8th ST MISS. DO FOR JESUS CHRIST	BOX 7 WEST MEMPHIS	CHURCH	50 ⁰⁰	50 ⁰⁰
6/27/14	EDWARD SCODDING	BOX 2807 WEST MEMPHIS	CONSTRUCTION	100 ⁰⁰	100 ⁰⁰
7/11/14	FLASH OIL CO OF ARKANSAS	BOX 2389 WEST MEMPHIS	GAS DEALER	1000 ⁰⁰	1000 ⁰⁰

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					285000
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					7500
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)					292500

14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE
 (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		.00	.00
15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT			.00	

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.

