

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 17 2013

ARKANSAS ETHICS
COMMISSION

BY _____

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

1. NAME OF COMMITTEE (IN FULL) Vote Yes For Healthcare Committee	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)
ADDRESS 1001 Schneider Drive	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Malvern, AR 72104	
TELEPHONE NUMBER 501 332 1004	

This report covers period: (5 - 1 - 13) through (5 - 31 - 13)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	- 0 -	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	1250.00	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	1250.00	
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.

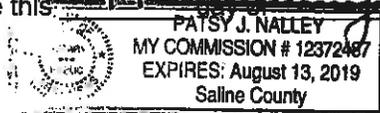
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

Signature of Legislative Question Committee Officer

State of Arkansas
 County of Hot Spring } ss

Subscribed and sworn before me this 14 day of June, 2013

(Legible Notary Seal)



Signature of Notary Public

My Commission Expires 08/13/19

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
	N/A			
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)				

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
19. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE			1,250.00	
20. TOTAL UNITEMIZED EXPENDITURES			-0-	
21. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 19 and 20)			1,250.00	