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
JUL 08 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

ADDRESS
1001 Schweider Drive

CITY, STATE AND ZIP CODE
Malvern, AR 72104

TELEPHONE NUMBER
501 332 1004

2. TYPE OF REPORT
☒ Monthly Report (due 15 days after end of month)
☐ Preelection Report (due 7 days before election)*
☐ Final Report (due 30 days after election)

*NOTE: Preelection report must be *received* by the Ethics Commission on or before due date.

This report covers period: (6 - 1 -2013) through (6 - 30 -2013)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	-0-	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	$5,470.00	-0-
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	$5,370.00	-0-
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	$100.00	

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
County of Hot Spring } ss

Subscribed and sworn before me this 2nd day of July, 2013.

PATSY J. NALLEY
MY COMMISSION # 12372487
EXPIRES: August 13, 2019
Saline County

(Legible Notary Seal)

Patsy J. Nalley
Signature of Notary Public

My Commission Expires 08/13/19

Revised 07/07

8. LOAN INFORMATION

Please Type or Print
Do Not List Loans Previously Reported

Date	Name and Address of Lender	Amount
	9. TOTAL LOANS THIS REPORT	

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

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

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
6/28/13	HSC Medical Center	1001 Schwerdon Drive Malvern, AR 72104	$5,470.00	$ 5,470.00

ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OF $50 OR MORE

Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
	11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF $50 OR MORE			$5470.00
	12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS			-0-
	13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT **(includes totals from lines 9, 11, and 12)**			$5470.00

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
	15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF $50 OR MORE			-0-
	16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS			-0-
	17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT **(includes totals from lines 15 and 16)**			-0-

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			$5,370.00
	20. TOTAL UNITEMIZED EXPENDITURES			-0-
	21. TOTAL EXPENDITURES THIS REPORT **(includes totals from lines 19 and 20)**			$ 5,370.00