

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

AUG 09 2013

ARKANSAS ETHICS
COMMISSION

BY _____

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

| | |
|---|--|
| 1. NAME OF COMMITTEE (IN FULL) <i>Vote Yes For Healthcare Committee</i> | 2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input checked="" type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election) |
| ADDRESS <i>1001 Schweseder Drive</i> | <p>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</p> |
| CITY, STATE AND ZIP CODE <i>Malvern, AR 72104</i> | |
| TELEPHONE NUMBER <i>501 332 1004</i> | |

This report covers period: (07 - 01 - 13) through (08 - 03 - 13)

| SUMMARY | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|--|----------------------|-------------------|
| 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD | \$ 100.00 | |
| 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | \$ 2,900.00 | \$ 8,370.00 |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD | \$ 2,960.00 | \$ 8,330.00 |
| 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD | \$ 40.00 | |

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 *Hot Spring*

Subscribed and sworn before me this 8 day of August, 2013.

(Legible Notary Seal)



 Signature of Notary Public
 OFFICIAL SEAL-NO. 12366243

My Commission Expires 06-02-18

LOU ANN ROSS
 NOTARY PUBLIC-ARKANSAS
 HOT SPRING COUNTY
 MY COMMISSION EXPIRES: 06-02-18

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 |
|---|---------------------|-------------------------------|------------------------|--|
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| 11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE | | | | \$2,900.00 |
| 12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS | | | | 0 |
| 13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12) | | | | \$2,900.00 |

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 |
|---|---------------------|---|---|--|
| 7/30/13 | ASC Medical Center | 1001 Schweiden Pl. Malvern, AZ 72104 | \$1,136.24 Campaign Items / postage | \$2,386.24 |
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| 15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE | | | | \$1,136.24 |
| 16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS | | | | -0- |
| 17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT (includes totals from lines 15 and 16) | | | | \$1,136.24 |

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 |
|---|---|----------------|-----------------------|------------------------|
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| 19. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE | | | \$2960.00 | |
| 20. TOTAL UNITEMIZED EXPENDITURES | | | - 0 - | |
| 21. TOTAL EXPENDITURES THIS REPORT (Includes totals from lines 19 and 20) | | | \$2960.00 | |