

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

SEP 09 2013

ARKANSAS ETHICS
COMMISSION

BY _____

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

1. NAME OF COMMITTEE (IN FULL) <p style="font-size: 1.2em;">Vote Yes For Healthcare Committee</p>	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)
ADDRESS <p style="font-size: 1.2em;">1001 Schwerder Drive</p>	<p><small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small></p>
CITY, STATE AND ZIP CODE <p style="font-size: 1.2em;">Malvern, AR 72104</p>	
TELEPHONE NUMBER <p style="font-size: 1.2em;">501 332 1004</p>	

This report covers period: (08 - 04 - 13) through (09 - 03 - 13)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$ 40.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$ 14,044.30	\$ 22,414.30
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$ 14,044.30	\$ 22,374.30
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 40.00	

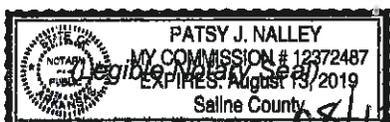
7. () **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.

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
County of Hot Spring } ss

Subscribed and sworn before me this 9th day of September, 2013.



 Signature of Notary Public

My Commission Expires 08/13/19

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				\$14,044.30
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS				0
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (Includes totals from lines 9, 11, and 12)				\$14,044.30

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			\$14,044.30	
20. TOTAL UNITEMIZED EXPENDITURES			0	
21. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 19 and 20)			\$14,044.30	