

# BALLOT 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

OCT 17 2014

ARKANSAS ETHICS  
COMMISSION

BY TE

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

<b>1. NAME OF COMMITTEE (IN FULL)</b> Five Rivers Medical Center Campaign Committee	<b>2. TYPE OF REPORT</b> <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)
<b>ADDRESS</b> 2801 Medical Center Drive	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
<b>CITY, STATE AND ZIP CODE</b> Pocahontas, AR 72453	
<b>TELEPHONE NUMBER</b> 870-892-6000	

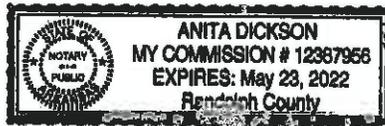
This report covers period: (09-01-14) through (09-30-14)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD		
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	600.00	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	600.00	600.00
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.

State of Arkansas  
 County of Pondreph } ss



[Signature]  
Signature of Ballot Question Committee Officer

Subscribed and sworn before me this 10<sup>th</sup> day of October, 2014.

(Legible Notary Seal)

[Signature]  
Signature of Notary Public

My Commission Expires May 23, 2022





**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
<b>11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE</b>					\$ 600 <sup>00</sup>
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>					
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 9, 11, and 12)					\$ 600 <sup>00</sup>

**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
<b>15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b>				

**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.





