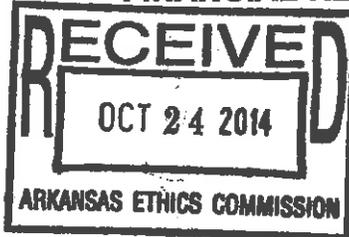


### BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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)

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

1. NAME OF COMMITTEE (IN FULL) <i>Five Rivers Medical Center Campaign Committee</i>	
ADDRESS <i>2801 Medical Center Drive</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)
CITY, STATE AND ZIP CODE <i>Pocahontas, AR 72455</i>	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
TELEPHONE NUMBER <i>870-892-6000</i>	

This report covers period: (10-01-14) through (10-25-14)

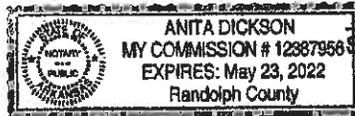
SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD		
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	<i>1642.50</i>	<i>1642.50</i>
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	<i>1642.50</i>	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	<i>0</i>	

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 Pocahontas ss



*[Signature]*  
Signature of Ballot Question Committee Officer

Subscribed and sworn before me this 24<sup>th</sup> day of October, 2014.

(Legible Notary Seal)

*[Signature]*  
Signature of Notary Public

My Commission Expires 5/23/2022





**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>					1642.50
<b>12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS</b>					
<b>13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT</b> (Includes totals from lines 9, 11, and 12)					1642.50







