

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

DEC 17 2014

ARKANSAS ETHICS
COMMISSION

BY TE

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

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

This report covers period: (10 - 26 - 14) through (11 - 30 - 14)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	0	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0	0
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	0	0
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.

Signature of Ballot Question Committee Officer

State of Arkansas
County of Randolph } ss

Subscribed and sworn before me this 16th day of December, 2014.

Signature of Notary Public

(Legible Notary Seal)

My Commission Expires 5/23/22

Revised 12/2013



