

# 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

MAR 05 2014

ARKANSAS ETHICS  
COMMISSION

BY \_\_\_\_\_

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

<b>1. NAME OF COMMITTEE (IN FULL)</b> Sharp County Citizens for Responsible Government	<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> P. O. Box 406	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
<b>CITY, STATE AND ZIP CODE</b> Ash Flat, AR 72513	
<b>TELEPHONE NUMBER</b> 870-283-5728	

**This report covers period: ( 02 - 01 - 14 ) through ( 02 - 28 - 14 )**

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$14,600.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$45,060.00	\$65,160.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$42,176.90	\$47,676.90
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$17,483.10	

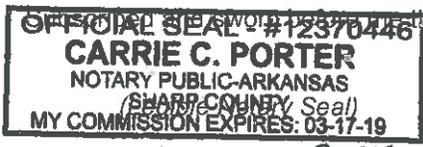
7. ( ) **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period.  
 If you have no activity, file the first page of this report only.

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.

Mike Clark

Signature of Ballot Question Committee Officer

State of Arkansas  
 County of Sharp } ss



this 4 day of March, 2014.

Carrie C. Porter

Signature of Notary Public

My Commission Expires 3-17-19







**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
February 2014	White River Health Sys	1710 Harrison St Batesville, AR 72501	Billboard \$150	\$150.00
<b>15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b>			<b>\$150.00</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.



**ITEMIZED EXPENDITURES OF \$100 OR MORE MADE BY COMMITTEE  
OR ON BEHALF OF COMMITTEE BY ADVERTISING AGENCY, PUBLIC  
RELATIONS FIRM, OR POLITICAL CONSULTANT**

Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure
<b>17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE</b>			<b>\$42,127.47</b>	
<b>18. TOTAL UNITEMIZED EXPENDITURES</b>			<b>\$49.43</b>	
<b>19. TOTAL EXPENDITURES THIS REPORT</b> (includes totals from lines 17 and 18)			<b>\$42,176.90</b>	