

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 07 2014

ARKANSAS ETHICS
COMMISSION

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

BY _____

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

This report covers period: (03 - 01 - 14) through (03 - 04 - 14)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$17,483.10	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	None	\$65,160.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$6,250.88	53,927.18
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$11,232.22	

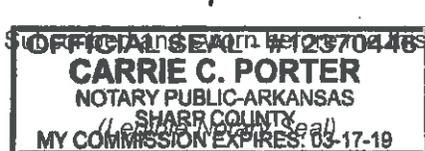
7. () **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.

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



4 day of March, 2014.

Carrie C Porter

Signature of Notary Public

My Commission Expires 3-17-19

8. LOAN INFORMATION

Please Type or Print
Do Not List Loans Previously Reported

Date	Name and Address of Lender	Amount
	NONE	
	9. TOTAL LOANS THIS REPORT	NONE

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
March 2014	White River Health Systems, Inc	1710 Harrison St Batesville, AR 72501	Billboard \$150	\$300.00
15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT			\$150.00	

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.

