

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 13 2014

ARKANSAS ETHICS
COMMISSION

BY _____

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

1. NAME OF COMMITTEE (IN FULL) Sharp County Hospital Foundation, Inc. d/b/a Citizens for a County Owned Hospital.	2. TYPE OF REPORT <input checked="" 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 152	
CITY, STATE AND ZIP CODE Cherokee Village, AR. 72525	
TELEPHONE NUMBER 1-870-257-3241	

This report covers period: (02 - 07 - 14) through (03 - 04 - 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	13,900.00	13,900.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	9,427.47	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	4,472.53	

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]

Signature of Ballot Question Committee Officer

State of Arkansas

County of Sharp } ss

Subscribed and sworn before me this

4th

day of March, 2014.

[Signature]

Signature of Notary Public

OFFICIAL SEAL - #12394978
MICHELLE D. TAYLOR
 NOTARY PUBLIC ARKANSAS
 SHARP COUNTY
 MY COMMISSION EXPIRES: 09-23-23

9-23-23

ITEMIZED MONETARY CONTRIBUTIONS RECEIVED BY COMMITTEE OF \$100 OR MORE

Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Amount of Contribution	Cumulative Total from this Contributor
9. TOTAL ITEMIZED MONETARY CONTRIBUTIONS RECEIVED			13,900.00	
10. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS RECEIVED			0	
11. TOTAL MONETARY CONTRIBUTIONS RECEIVED <small>(to be entered on line #4)</small>			13,900.00	

12. 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
13. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS			0	
14. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS			0	
15. TOTAL NONMONEY CONTRIBUTIONS			0	

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.

