

LEGISLATIVE 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

APR 11 2014

ARKANSAS ETHICS
COMMISSION

BY _____

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

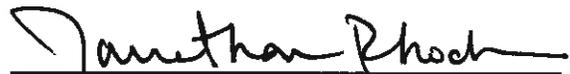
1. NAME OF COMMITTEE (IN FULL) Sharp County Hospital Foundation d/b/a Citizens for a County Owned Hospital	2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input checked="" type="checkbox"/> Final Report (due 30 days after election)
ADDRESS PO Box 152	*NOTE: Preelection report must be <i>received</i> by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Cherokee Village, AR 72525	
TELEPHONE NUMBER 870-257-3241	

This report covers period: (03 - 05 - 14) through (04 - 09 - 14)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	4,866.59	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	42,900.00	57,194.06
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	46,663.55	56,091.02
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	1,103.04	

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.

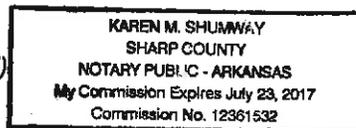
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

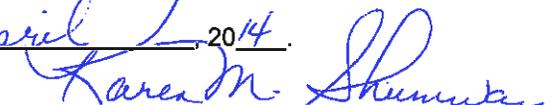

 Signature of Legislative Question Committee Officer

State of Arkansas
County of Sharp } ss

Subscribed and sworn before me this 10th day of April, 2014.

(Legible Notary Seal)




 Signature of Notary Public

My Commission Expires _____

8. LOAN INFORMATION
 Please Type or Print
 Do Not List Loans Previously Reported

Date	Name and Address of Lender	Amount
3-10-14	Sharp County Hospital Foundation 40 Spring River Lane, Cherokee Village, AR 72529	\$40,000
9. TOTAL LOANS THIS REPORT		40,000

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
3-7-14	Charles Ivey	9 Highland Cr Hardy, AR 72542	1,000.00 food, drinks,	1000.00 advertising
3-12-14	David & Georgia Harris	1948 Hwy 62-412 Highland, AR 72542	1484.00 newspaper ads	2,437.24
"	"	"	500.00 billboard	
"	"	"	447.74 office supplies	
3-13-14	American Land Co	249 Iroquois Dr Cherokee Vlg 72529	2292.00 office set up, phone/internet staffing	
"	"	"	628.08 office supplies	
"	"	"	166.90 buttons	3086.98
15. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT			6,524.22	

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
17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE			46,663.55	
18. TOTAL UNITEMIZED EXPENDITURES			0	
19. TOTAL EXPENDITURES THIS REPORT (Includes totals from lines 17 and 18)			46,663.55	