

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

NOV 01 2016

ARKANSAS ETHICS
COMMISSION

BY DB

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

1. NAME OF COMMITTEE (IN FULL) ARKANSAS HEALTH CARE ASSOCIATION	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 1401 W CAPITOL AVE, SUITE 180	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE LITTLE ROCK ARKANSAS 72201	
TELEPHONE NUMBER	

This report covers period: (10-01-2016) through (10-31-2016)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	0.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0.00	580,000.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	0.00	580,000.00
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	0.00	

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.

[Handwritten Signature]

Signature of Ballot Question Committee Officer

State of Arkansas
County of PULASKI } ss

Subscribed and sworn before me this 1st day of NOVEMBER, 2016.

[Handwritten Signature]

Signature of Notary Public



3.1.2024

