

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

SEP 13 2013

ARKANSAS ETHICS
COMMISSION

BY _____

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

| | |
|---|--|
| 1. NAME OF COMMITTEE (IN FULL) Arkansans for Responsible Medicine | 2. TYPE OF REPORT <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) |
| ADDRESS 1501 North University Suite 228 | *NOTE: Preelection report must be received by the Ethics Commission on or before due date. |
| CITY, STATE AND ZIP CODE Little Rock, AR 72207 | |
| TELEPHONE NUMBER 6016611300 | |

This report covers period: (8 - 1 - 2013) through (8 - 31 - 2013)

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| SUMMARY | FOR REPORTING PERIOD | CUMULATIVE TOTALS |
|--|----------------------|-------------------|
| 3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD | 0 | |
| 4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD | 0 | 0 |
| 5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD | 0 | 0 |
| 6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD | 0 | |

7. (X) 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 Ballot Question Committee Officer

State of Arkansas
County of Pulaski } ss

Subscribed and sworn before me this 13th day of September, 2013.

(Legible Notary Seal)

My Commission Expires 10-16-2017

Signature of Notary Public

