

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

JAN 17 2014

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 N University 228	<p style="font-size: 0.8em;">*NOTE: Preelection report must be <i>received</i> by the Ethics Commission on or before due date.</p>
CITY, STATE AND ZIP CODE Little Rock, AR 72207	
TELEPHONE NUMBER 501 - 661 - 1300	

This report covers period: (12 - 1 - 13) through (12 - 31 - 13)

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	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	0	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	0	

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 Ballot Question Committee Officer
DAVID COURT

State of Arkansas
County of Pulaski } ss

Subscribed and sworn before me this 17th day of January, 2014.

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires 10-16-2017

