

# BALLOT QUESTION COMMITTEE FINANCIAL REPORT

(Arkansas Ethics Commission File Stamp)

To be filed with:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Fax (501) 324-9606

FILED

APR 15 2014

ARKANSAS ETHICS  
COMMISSION

BY \_\_\_\_\_

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

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

This report covers period: ( 3 - 1 - 14 ) through ( 3 - 31 - 14 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	1539.63	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0	1564.63
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	0	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	1539.63	

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 COUCH

State of Arkansas }  
 County of Pulaski } ss

Subscribed and sworn before me this 15th day of April, 2014.

Signature of Notary Public

(Legible Notary Seal)

My Commission Expires 10-16-2017

Revised 12/2013

