

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

AUG 15 2014

ARKANSAS ETHICS
COMMISSION

BY TE

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

1. NAME OF COMMITTEE (IN FULL) <p style="font-size: 1.2em; color: blue; text-align: center;">ARKANSANS FOR RESPONSIBLE MEDICINE</p>	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) <small>*NOTE: Preelection report must be received by the Ethics Commission on or before due date.</small>
ADDRESS <p style="font-size: 1.2em; color: blue; text-align: center;">1501 N. UNIVERSITY 228</p>	CITY, STATE AND ZIP CODE <p style="font-size: 1.2em; color: blue; text-align: center;">LITTLE ROCK, AR 72207</p>
TELEPHONE NUMBER <p style="font-size: 1.2em; color: blue; text-align: center;">501 661 1300</p>	

This report covers period: (7 - 1 - 14) through (7 - 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	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	1250.00	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	289.63	

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 COOK

State of Arkansas
County of Pulaski } ss

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

OFFICIAL SEAL
ANDREA FAULKNER
(Legible Notary Seal) 09
SALINE COUNTY
My Commission Expires 8-4-2020

Signature of Notary Public

My Commission Expires August 4, 2020

