

# 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

MAY 18 2015

ARKANSAS ETHICS  
COMMISSION

BY TOY

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

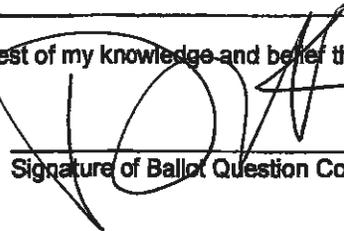
<b>1. NAME OF COMMITTEE (IN FULL)</b>  ARKANSANS FOR RESPONSIBLE MEDICINE	<b>2. TYPE OF REPORT</b> <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
<b>ADDRESS</b>  1501 N University 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> 501 661 1300	

This report covers period: ( 2 - 1 - 15 ) through ( 2 28 - 15 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	289.63	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	/	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD		
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	289.63	

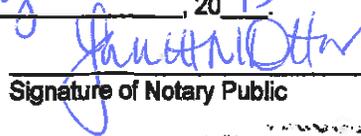
7.  **NO ACTIVITY** Check if you have not received or made any contributions during this reporting period. If you have no activity, file the first page of this report only.

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

State of Arkansas  
County of Pulaski } ss

Subscribed and sworn before me this 18th day of May, 2015

  
 Signature of Notary Public

(Legible Notary Seal)

My Commission Expires 10-16-2017

Revised 12/2013

