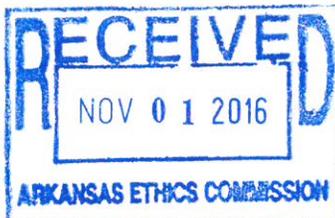


### BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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)

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

1. NAME OF COMMITTEE (IN FULL) <b>ARKANSANS UNITED FOR MEDICAL MARIJUANA</b>	
ADDRESS <b>1501 N University 228</b>	2. TYPE OF REPORT <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input checked="" type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE <b>Little Rock, AR 72207</b>	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
TELEPHONE NUMBER <b>501 661 1300</b>	

This report covers period: ( 10 - 1 - 16 ) through ( 10 - 31 - 16 )

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	258.87	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0	885,155.38
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	120.00	885,016.51
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	138.87	

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]*  
Signature of Ballot Question Committee Officer

State of Arkansas

County of Pulaski ) ss

Subscribed and sworn before me this 1st day of November, 2016.

(Legible Notary Seal)

*[Signature]*  
Signature of Notary Public

My Commission Expires 10-16-2017



Revised 12/2013

**ITEMIZED EXPENDITURES OF \$100 OR MORE MADE BY COMMITTEE  
OR ON BEHALF OF COMMITTEE BY ADVERTISING AGENCY, PUBLIC  
RELATIONS FIRM, OR POLITICAL CONSULTANT**

Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure
10/6	Little Rock Free Press	67 S. Wakefield Little Rock, AR	120 <sup>00</sup>	AD
<b>17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE</b>			120 <sup>00</sup>	
<b>18. TOTAL UNITEMIZED EXPENDITURES</b>				
<b>19. TOTAL EXPENDITURES THIS REPORT</b> (Includes totals from lines 17 and 18)			120 <sup>00</sup>	

