

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

NOV 01 2016

ARKANSAS ETHICS
COMMISSION

BY *[Signature]*

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

1. NAME OF COMMITTEE (IN FULL) ARKANSANS UNITED FOR MEDICAL MARIJUANA	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)
ADDRESS 1501 N University 228	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Little Rock, AR 72207	
TELEPHONE NUMBER 501 661 1300	

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	298.87	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0	885,155.38
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	120.00	885,065.51
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



**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. WsKeField Little Rock, AR	120 ⁰⁰	AD
17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE			120 ⁰⁰	
18. TOTAL UNITEMIZED EXPENDITURES				
19. TOTAL EXPENDITURES THIS REPORT <small>(Includes totals from lines 17 and 18)</small>			120 ⁰⁰	

