

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

OCT 31 2016

ARKANSAS ETHICS
COMMISSION

BY *[Signature]*

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

1. NAME OF COMMITTEE (IN FULL) Arkansas Hospital Association	2. TYPE OF REPORT <input 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 419 Natural Resources Dr.	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Little Rock, AR 72205	
TELEPHONE NUMBER (501) 224-7878	

This report covers period: (- -) through (- -)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$0	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$0	\$0
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$21,989.54	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD		

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 Saline } ss

Subscribed and sworn before me this 30 day of October, 2016.

(Legible Notary Seal)



Debra A. Love
 Signature of Notary Public

My Commission Expires 2-17-2019

**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
17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE			\$21,989.54	
18. TOTAL UNITEMIZED EXPENDITURES			\$0	
19. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 17 and 18)			\$21,989.54	

