

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

SEP 15 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 HEALTH CARE ASSOCIATION	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 1401 W CAPITOL AVE, SUITE 180	
CITY, STATE AND ZIP CODE LITTLE ROCK ARKANSAS 72201	
TELEPHONE NUMBER	

This report covers period: (08-01-2016) through (08-31-2016)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	0.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	0.00	580,000.00
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	0.00	580,000.00
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	0.00	

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 to before me this 15th day of SEPTEMBER, 2016.

[Signature]
Signature of Notary Public



My Commission Expires 3.1.2024

10. ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE

Please Type or Print
Use Additional Copies of this Page if Necessary

Date of Receipt	Name of Contributor	Street Address of Contributor	Place of Business Employer/Occupation	Amount of Contribution	Cumulative Total from this Contributor
11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE					
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)					0.00

