

**BALLOT QUESTION COMMITTEE (BQC)\*  
STATEMENT OF ORGANIZATION**

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**

JUN 06 2019

ARKANSAS ETHICS  
COMMISSION

BY 

Check if this is an amendment to a previously filed statement of organization

**Section One: BQC Name**

Name of BQC (in full): Safe Surgery Arkansas

**Section Two: BQC Address & Phone Number**

If BQC has no office address, use the address of the BQC officer authorized to receive notices on behalf of the BQC.

Address: 400 W. Capitol Ave., Suite 2910

City: Little Rock State: AR Zip: 72201 Telephone Number: 501-251-1587

**Section Three: BQC Officers and Directors**

Provide the name, title, address, and telephone number of the treasurer and other principal officers and directors of the BQC.

Name: Nate Steel Title: Chairman

Address: 400 W. Capitol Ave., STE 2910 City: Little Rock State: AR Zip: 72201

Telephone Number: 501-251-1587

Name: Cale Turner Title: Treasurer

Address: 11300 Cantrell Road, STE 301 City: Little Rock State: AR Zip: 72212

Telephone Number: 501-227-5800

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\* The term "ballot question committee" is defined in Ark. Code Ann. § 7-9-402(2)(A) and (B) and § 600(c)(1) and (2) of the Ethics Commission's Rules on Ballot and Legislative Question Committees.

**Section Four: Financial Information**

Provide the name and address of each financial institution in which the BQC deposits money or anything else of monetary value.

Name of Financial Institution: Simmons Bank

Address: 425 W. Capitol Avenue City: Little Rock State: AR Zip: 72201

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section Five: Members**

Provide the name of each person who is a member of the committee. A person that is not an individual may be listed by its name without also listing its own members, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section Six: Brief Statement**

Provide a brief statement identifying the substance of each ballot question as to which the BQC will expressly advocate the qualification, disqualification, passage, or defeat, and, if known, the date each ballot question shall be presented to a popular vote at an election.

Safe Surgery Arkansas will advocate for any ballot initiatives that protect the practice of surgery  
by medical doctors in Arkansas, and oppose any efforts to the contrary.

\_\_\_\_\_  
\_\_\_\_\_

6/6/2019  
Date

  
Signature of BQC Officer