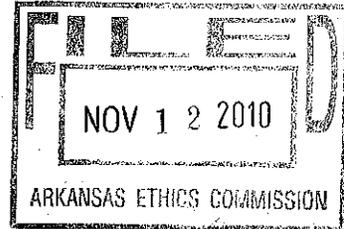


BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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

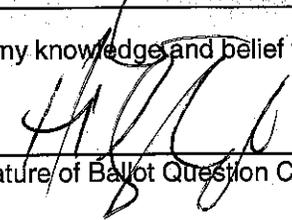
1. NAME OF COMMITTEE (IN FULL) Arkansans for Compassionate Care	2. TYPE OF REPORT <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
ADDRESS PO BOX 692	*NOTE: Preelection report must be <i>received</i> by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Fayetteville, AR 72702	
TELEPHONE NUMBER (501) 570-6679	

This report covers period: (9 - 28 - 2010) through (10 - 31 - 2010)

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	\$1943.49	
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$ 446.99	
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$1496.50	

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 of Ballot Question Committee Officer

State of Arkansas } ss
County of _____

Subscribed and sworn before me this _____ day of _____, 20__.

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires _____

