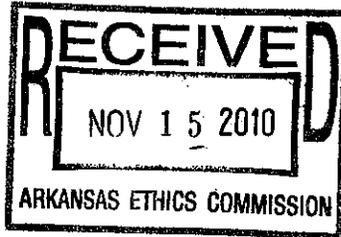


# BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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

<b>1. NAME OF COMMITTEE (IN FULL)</b> Arkansans for Compassionate Care	<b>2. TYPE OF REPORT</b> <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)
<b>ADDRESS</b> PO BOX 692	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
<b>CITY, STATE AND ZIP CODE</b> Fayetteville, AR 72702	
<b>TELEPHONE NUMBER</b> (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	\$1486.50	

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.

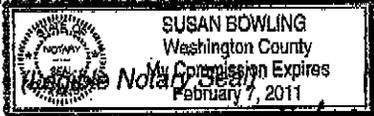
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

Signature of Ballot Question Committee Officer

State of Arkansas

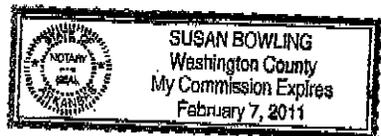
County of Washington ) ss

Subscribed and sworn before me this 15 day of November 2010.



Signature of Notary Public

My Commission Expires 2/7/11



Revised 07/07