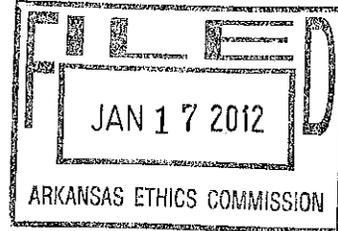


# BALLOT QUESTION COMMITTEE FINANCIAL REPORT

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 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: (08-01-2011) through (08-31-2011)**

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	\$ 256.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	\$1770.00	17506.59
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	\$1,235.48	16716.07
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	\$ 790.52	

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.

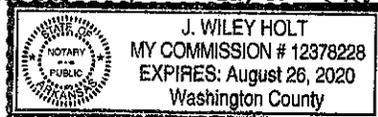
Signature of Ballot Question Committee Officer

State of Arkansas

County of Washington

Subscribed and sworn before me this 17th day of January, 2012.

(Legible Notary Seal)



Signature of Notary Public

My Commission Expires August 26, 2020





**14. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE**

Estimated Fair Market Value If Over \$50  
(Does not include volunteer services by individuals)

Date of Receipt	Name of Contributor	Street Address of Contributor	Description and Value of Nonmoney Item	Cumulative Total from this Contributor
<b>15. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS OF \$50 OR MORE</b>			\$	
<b>16. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS</b>			\$0.00	
<b>17. TOTAL NONMONEY CONTRIBUTIONS THIS REPORT</b> (includes totals from lines 15 and 16)			\$	

**IMPORTANT**

In addition to monetary contributions, committees should report the receipt of any nonmoney ("in-kind") contributions. A committee receives an in-kind contribution whenever a person provides the committee with an item or service without charge or for a charge that is less than the fair market value of the item or service in question.



