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
MAY 15 2013
ARKANSAS ETHICS COMMISSION
BY_____

☐ Check if this report is an amendment to a previously filed report

1. NAME OF COMMITTEE (IN FULL)	
Arkansans For Compassionate Care 2014	
ADDRESS P O Box 427	2. TYPE OF REPORT ☐x Monthly Report (due 15 days after end of month) ☐ Preelection Report (due 7 days before election)* ☐ Final Report (due 30 days after election)
CITY, STATE AND ZIP CODE Hensley, AR 72065	*NOTE: Preelection report must be *received* by the Ethics Commission on or before due date.
TELEPHONE NUMBER 501-416-0148	

This report covers period: (2 -01 - 13) through (2 - 28 - 13)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	-11,506.10	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	.00	710,700.87
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	.00	704,203.73
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	-11506.10	

7. (x) **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 Pulaski } ss

Subscribed and sworn before me this 15 day of May, 20 13

(Legible Notary Seal)

DAVID COUCH No. 12369508 NOTARY PUBLIC EXPIRES 08-29-2022 PULASKI COUNTY - ARKANSAS

Signature of Notary Public

My Commission Expires_____

Revised 07/07