

# 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

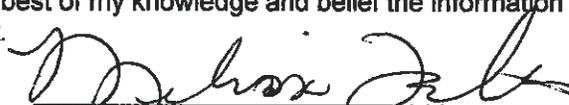
<b>1. NAME OF COMMITTEE (IN FULL)</b> Arkansans For Compassionate Care 2014	<b>2. TYPE OF REPORT</b> <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due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

**This report covers period: ( 3 -01 - 13 ) through ( 3 -31 - 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.

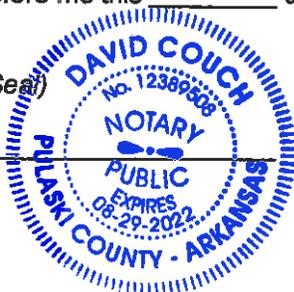
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

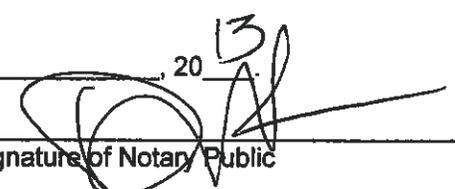
  
 \_\_\_\_\_  
 Signature of Ballot Question Committee Officer

State of Arkansas  
 County of Pulaski } ss

Subscribed and sworn before me this 15 day of May, 2013.

(Legible Notary Seal)



  
 \_\_\_\_\_  
 Signature of Notary Public

My Commission Expires \_\_\_\_\_