

# 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

NOV 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	46.00	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	1314.88	723,400.87
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	1070.98	716,903.73
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	289.90	

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.

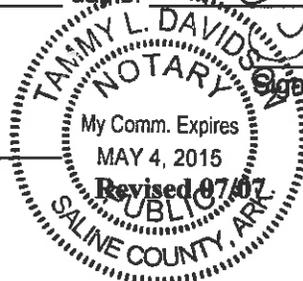
\_\_\_\_\_  
Signature of Ballot Question Committee Officer

State of Arkansas  
 County of Saline } ss

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

(Legible Notary Seal)

My Commission Expires 5-4-15



Tammy L. Davidson  
Signature of Notary Public

