

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

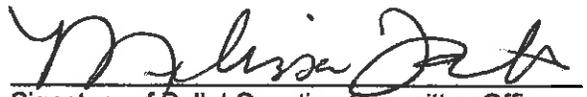
1. NAME OF COMMITTEE (IN FULL) Arkansans For Compassionate Care	2. TYPE OF REPORT <input checked="" type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input type="checkbox"/> Final Report (due 30 days after election)
ADDRESS P O Box 420	*NOTE: Preelection report must be received by the Ethics Commission on or before due date.
CITY, STATE AND ZIP CODE Hensley, AR 72065	
TELEPHONE NUMBER 501-416-0148	

This report covers period: (08 - 01-2013) through (08 - 31-2013)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	11.66	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	244.12	727,774.99
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	176.46	721,498.68
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	79.32	

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.

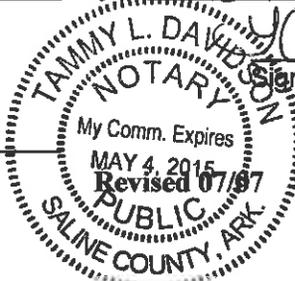

 Signature of Ballot Question Committee Officer

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




 Signature of Notary Public

