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_____

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

1. NAME OF COMMITTEE (IN FULL)	
Arkansans For Compassionate Care	
ADDRESS P O Box 420	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: (09 - 01-2013) through (09 - 30-2013)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	79.32	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	117.00	727,891.99
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	134.53	721,633.21
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	61.79	

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

Tammy L. Davidson
Signature of Notary Public

(Legible Notary Seal)

TAMMY L. DAVIDSON NOTARY My Comm. Expires MAY 4, 2015 SALINE COUNTY, AR

My Commission Expires 5-4-15

Revised 07/07

BALLOT INITIATIVE REPORT

NAME	ADDRESS	LOAN AMOUNT	PAYMENT	DATE	BALANCE
Chris Kell	Wooster, AR	12,700.00	1,000.00	11/19/12	11,700.00
			3,000.00	4/26/13	8,700.00