

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

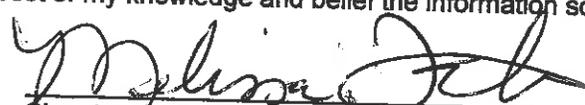
1. NAME OF COMMITTEE (IN FULL) Arkansans For Compassionate Care	2. TYPE OF REPORT <input type="checkbox"/> Monthly Report (due 15 days after end of month) <input type="checkbox"/> Preelection Report (due 7 days before election)* <input checked="" type="checkbox"/> Final Report (due 30 days after election)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

This report covers period: (11 - 01 - 2012) through (12 - 06 - 2012)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	16,711.87	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	550.00	722,085.99
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	29,915.87	715,832.75
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	46.00	

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.

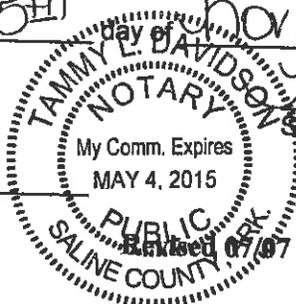
I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

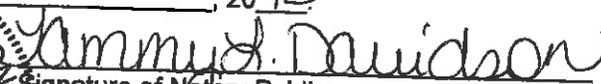

 Signature of Ballot Question Committee Officer

State of Arkansas
 County of Saline) ss

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

(Legible Notary Seal)




 Signature of Notary Public

My Commission Expires 5-4-15

