

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

MAR 16 2015

ARKANSAS ETHICS
COMMISSION

BY TJ

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

1. NAME OF COMMITTEE (IN FULL) Arkansans For Compassionate Care 2016
ADDRESS 1314 E. Woodson Lateral
CITY, STATE AND ZIP CODE Hensley, AR 72065
TELEPHONE NUMBER 501-416-0148

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)
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*NOTE: Preelection report must be received by the Ethics Commission on or before due date.

This report covers period: (02/01/15) through (02/28/15)

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
3. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	787.22	
4. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD	799.50	15,198.64
5. TOTAL EXPENDITURES MADE DURING REPORTING PERIOD	1034.41	14,584.00
6. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	552.31	

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.

[Handwritten Signature]

Signature of Ballot Question Committee Officer

State of Arkansas } ss
County of Pulaski

Subscribed and sworn before me this 16 day of March, 2015

LaRee Treece
PULASKI COUNTY
NOTARY PUBLIC -- ARKANSAS
(Leads to Notary Seal)
My Commission Expires August 10, 2024
Commission No. 12400586

[Handwritten Signature]

Signature of Notary Public

My Commission Expires 8-10-2024

ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE RECEIVED BY COMMITTEE

Please Type or Print

Date of Receipt	Name of Contributor	Street Address of Contributor	Place of Business Employer/Occupation	Amount of Contribution	Cumulative Total from this Contributor
11. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OF \$50 OR MORE					799.50
12. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS					
13. TOTAL MONETARY CONTRIBUTIONS THIS REPORT (includes totals from lines 9, 11, and 12)					799.50

**ITEMIZED EXPENDITURES OF \$100 OR MORE MADE BY COMMITTEE
OR ON BEHALF OF COMMITTEE BY ADVERTISING AGENCY, PUBLIC
RELATIONS FIRM, OR POLITICAL CONSULTANT**

Please Type or Print

Date	Name of Person to Whom Expenditure was Made	Street Address	Amount of Expenditure	Purpose of Expenditure
17. TOTAL ITEMIZED EXPENDITURES OF \$100 OR MORE			565.53	
18. TOTAL UNITEMIZED EXPENDITURES			468.88	
19. TOTAL EXPENDITURES THIS REPORT (includes totals from lines 17 and 18)			1034.41	

