

# INDEPENDENT EXPENDITURE COMMITTEE REGISTRATION FORM

To be filed with:

**John Thurston, Secretary of State**  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3408

*For assistance in completing  
this form contact:*

**Arkansas Ethics Commission**  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Toll Free (800) 422-7773

Is this report an amendment?  Yes  No

## **Section One: Independent Expenditure Committee Name**

If the name of the committee is an acronym, the full name of the committee and the acronym should be disclosed.

Name of Committee (in full): \_\_\_\_\_

Acronym (if applicable): \_\_\_\_\_

## **Section Two: Independent Expenditure Committee Address & Phone Number**

If the committee has no office address, use the address of the officer authorized to receive notices on behalf of the committee.

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

## **Section Three: Independent Expenditure Committee Officers**

Provide the name, address, telephone number, and place of employment for each officer of the committee.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Section Four: Financial Institution**

Provide the financial institution that the committee designates as its official depository for purposes of receiving contributions or making expenditures within the State of Arkansas.

Full Name of Financial Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section Five: Written Acceptance of Designation as Resident Agent**

I hereby accept the designation as Resident Agent.

\_\_\_\_\_  
Signature of Resident Agent

\_\_\_\_\_  
Name of Resident Agent

\_\_\_\_\_  
Address of Resident Agent

**Affidavit**

I certify under oath that the above information is true and correct. In addition, I certify that the committee shall maintain for a period of four (4) years records evidencing (1) the name, address, and place of employment of each person who contributed to the committee, along with the amount contributed, and (2) each independent expenditure made by the committee, along with the amount of each expenditure. By filing this registration form, the committee hereby submits itself to the jurisdiction of the State of Arkansas for all purposes related to compliance with subchapter 2 of chapter 6, Title 7 of the Arkansas Code.

State of Arkansas  
County of \_\_\_\_\_ } ss.

\_\_\_\_\_  
Signature of Committee Officer

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Legible Notary Seal)

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_