

# REPRESENTATIVE OF HOSTILE FOREIGN PRINCIPAL REGISTRATION STATEMENT AND SUPPLEMENT FORM

To be filed with:

Arkansas Secretary of State  
State Capitol, 500 Woodlane Street  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3408

*For assistance in completing  
this form, contact:*

Arkansas Ethics Commission  
Telephone: 501-324-9600  
Toll Free: 800-422-7773

A person that becomes a Representative of a Hostile Foreign Principal is required to file a Registration Statement under oath within ten (10) days of becoming such a Representative. Further, a Representative of a Hostile Foreign Principal is required to file Supplements (updates) no less frequently than on a quarterly basis. See Ark. Code Ann. § 21-8-1103 for further information.

Registration for Calendar Year: \_\_\_\_\_

☐ Check if this is a Supplement (update) and indicate period of time covered during the calendar year:

- ☐ 1<sup>st</sup> Quarter (covering January 1 through March 31)  
☐ 2<sup>nd</sup> Quarter (covering April 1 through June 30)  
☐ 3<sup>rd</sup> Quarter (covering July 1 through September 30)  
☐ 4<sup>th</sup> Quarter (covering October 1 through December 31)

**Section 1: Name of Representative of Hostile Foreign Principal.**

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

**Section 2: Address(es) of Representative of Hostile Foreign Principal.**

(a) Principal Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Telephone Number \_\_\_\_\_

(b) Other Business Address(es) in the United States or Elsewhere:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Residence Address(es): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3: Comprehensive Statement of the Nature of Business of the Representative of Hostile Foreign Principal.**

**Provide a comprehensive statement of the nature of the Representative of Hostile Foreign Principal's business, including but not limited to the following.**

(a) Name of the Hostile Foreign Principal under which the Representative (i) acts as an agent, employee, representative, or servant, or otherwise acts at the order, request, or under the direction or control thereof, (ii) takes action(s) which are financed in whole or in part by the Hostile Foreign Principal; and (ii) engages in political activity:

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(b) Description of political activities and propaganda activities of the Hostile Foreign Principal:

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(c) Nature of business of the Representative of the Hostile Foreign Principal:

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I CERTIFY UNDER OATH that I have examined this Representative of a Hostile Foreign Principal Registration Statement and Supplement Form and, to the best of my knowledge and belief, the information disclosed herein is complete, true, and accurate.

\_\_\_\_\_  
Signature of Representative of a Hostile Foreign Principal

\_\_\_\_\_  
Printed Name of Representative of a Hostile Foreign Principal

State of Arkansas

} ss

County of \_\_\_\_\_

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

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

(Legible Notary Seal)

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

**Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.**