

EXPLORATORY COMMITTEE REGISTRATION FORM

NOTE: The exploratory committee registration form of a committee for an individual person who, upon becoming a candidate will seek a school district, township, municipal, or county office, is required to be filed with the county clerk of the county in which the election will be held. The exploratory committee registration form of a committee for an individual person who, upon becoming a candidate will seek a state or district office, is required 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 72203-1917
Phone (501) 324-9600
Toll Free (800) 422-7773

1. Provide the name, telephone number, and address for the committee:

Name of Committee: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

2. Provide the name, title, address, and telephone number for each officer:

a. Name: _____ Title: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip Code: _____

b. Name: _____ Title: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip Code: _____

c. Name: _____ Title: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip Code: _____

d. Name: _____ Title: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip Code: _____

3. Provide the name, public office sought, telephone number, and address of the individual person who, upon becoming a candidate, is intended to receive campaign contributions from the committee:

Name of Candidate: _____ Telephone: _____

Public Office Sought: _____

Address: _____ City: _____ State: _____ Zip Code: _____

An exploratory committee is required to register within fifteen (15) days after receiving contributions during a calendar year which, in the aggregate, exceed five hundred dollars (\$500).

Affidavit

I certify under oath that the above information is true and correct.

Signature of Committee Officer

State of Arkansas

} ss.

County of _____

Subscribed and sworn before me this _____ day of _____, 20_____.

(Legible Notary Seal)

Signature of Notary Public

My Commission Expires: _____