LEGISLATIVE QUESTION COMMITTEE (LQC)* STATEMENT OF ORGANIZATION

(Arkansas Ethics Commission File Stamp)

To be filed with: Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203 Phone (501) 324-9600 Fax (501) 324-9606

Phone (501) 324-9600 Fax (501) 324-9606 ☐ Check if this is an amendment to a previously filed statement of organization **Section One: LQC Name** Name of LQC (in full):_____ Section Two: LQC Address & Phone Number If LQC has no office address, use the address of the LQC officer authorized to receive notices on behalf of the LQC. Address: City: State Zip Telephone Number **Section Three: LQC Officers and Directors** Provide the name, title, address, and telephone number of the treasurer and other principal officers and directors of the LQC. _____Title:_____ Address: City: State: Zip: Telephone Number: _____Title: Name: Address: ______City: _____State: ____Zip:______ Telephone Number: Name: Title: Address: ____ City: State: Zip: Telephone Number:_____ Title: Name: Address: _____ City: ____ State: ___ Zip: ____ Telephone Number:_____

^{*} The term "legislative question committee is defined in Ark. Code Ann. § 7-9-402(10(A) and (B) and § 600(i)(1) and (2) of the Ethics Commission's Rules on Ballot and Legislative Question Committees.

Provide the name and address of each financial institution in which the LQC deposits money or anything else of monetary value. Name of Financial Institution: Address: City: State: Zip: Name of Financial Institution: Address: _____ City: ____ State: ___ Zip: ____ **Section Five: Members** Provide the name of each person who is a member of the committee. A person that is not an individual may be listed by its name without also listing its own members, if any. **Section Six: Brief Statement** Provide a brief statement identifying the substance of each legislative question as to which the LQC will expressly advocate the passage or defeat, and, if known, the date each legislative question will be presented to a popular vote at an election.

Section Four: Financial Information

Date

Signature of LQC Officer