

# COUNTY POLITICAL PARTY 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

Registration for calendar year \_\_\_\_\_

*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: Committee Name and Political Party Affiliation**

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): \_\_\_\_\_

Name of Political Party With Which Committee is Affiliated: \_\_\_\_\_

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

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

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

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

## **Section Three: 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 in this state that the committee designates as its official depository for the purposes of depositing all money contributions that it receives in this state and makes all expenditures in this state.

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

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

**Section Five: Written Acceptance of Appointment by Treasurer**

I hereby accept the appointment as Treasurer.

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Name of Treasurer

**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) the name and address of each candidate or committee which received a contribution from the committee, along with the amount contributed.

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

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: \_\_\_\_\_