

INDEPENDENT EXPENDITURE COMMITTEE REGISTRATION FORM

To be filed with:
John Thurston, Secretary of State
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
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.

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: _____