

LEGISLATIVE QUESTION COMMITTEE (LQC)* STATEMENT OF ORGANIZATION

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

(Arkansas Ethics Commission File Stamp)

FILED

JUL 02 2025

ARKANSAS ETHICS
COMMISSION

BY *[Signature]*

☐ Check if this is an amendment to a previously filed statement of organization

Section One: LQC Name

Name of LQC (in full): Arkansans for Strong Communities

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: P.O. Box 3645

City: Little Rock State: AR Zip: 72203-3645 Telephone Number: 501-372-2222

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.

Name: Randy Zook Title: Chairman

Address: 1200 W. Capitol Ave. City: Little Rock State: AR Zip: 72201

Telephone Number: 501-372-2222

Name: Brad Hegeman Title: Vice Chairman

Address: P.O. Box 2090 City: Conway State: AR Zip: 722033

Telephone Number: 501-505-5118

Name: Kenneth R. Hall Title: Secretary/Treasurer

Address: P.O. Box 3645 City: Little Rock State: AR Zip: 72203-3645

Telephone Number: 501-372-2222

Name: See three Directors on next page Title: _____

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.

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Section Three: LQC Officers and Directors

Continued

Provide the name, title, address, and telephone number of the treasurer and other principal officers and directors of the LQC.

Name: Sen. Jonathan Dismang Title: Director

Address: P.O. Box 475 City: Beebe State: AR Zip: 72012

Telephone Number: 501-766-8220

Name: Rep. Howard Beaty Title: Directors

Address: 1001 Elm St. City: Crossett State: AR Zip: 71635-3619

Telephone Number: 870-304-6584

Name: Cliff McKinney II Title: Director

Address: 111 Center Street, Suite 1900 City: Little Rock State: AR Zip: 72201

Telephone Number: 501-379-1725

Name: _____ Title: _____

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

Telephone Number: _____

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Section Four: Financial Information

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: Arvest Bank

Address: 500 Broadway St. City: Little Rock State: AR Zip: 72201

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.

Arkansas State Chamber of Commerce, Associated Industries of Arkansas, Inc. and Arkansas Economic Developers and Chamber Executives

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.

To advocate for the passage of SJR 15 of 2025, which is expected to be Issued #3.

6/25/2025
Date


Signature of LQC Officer