

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)

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.

Name: _____ Title: _____

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

Telephone Number: _____

Name: _____ Title: _____

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

Telephone Number: _____

Name: _____ Title: _____

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

Telephone Number: _____

Name: _____ Title: _____

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

Telephone Number: _____

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: _____

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.

Date

Signature of LQC Officer