POLITICAL ACTION COMMITTEE (PAC) REGISTRATION FORM

To be filed with:
Mark Martin, 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: PAC Name
If the name of the PAC is an acronym, the full name of the PAC and the acronym should be disclosed.

Name of PAC (in full): _____

Acronym (if applicable): _____

Section Two: PAC Address & Phone Number
If PAC has no office address, use the address of the PAC officer authorized to receive notices on behalf of the PAC.

Address:_____

City_____State_____Zip_____Telephone Number_____

Section Three: PAC Officers
Provide the name, address, telephone number, and place of employment for each officer of the PAC.

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:_____

Form Approved by the Arkansas Ethics Commission
Revised 08/2015

Section Four: Interests Represented

Provide any professional, business, trade, labor, or other interests represented by the PAC. Include any individual business, organization, association, corporation, labor organization, or other group or firm whose interests will be represented by the PAC.

Name of Interest Represented:_____

Address:_____City:_____State:_____Zip:_____

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Address:_____City:_____State:_____Zip:_____

Name of Interest Represented:_____

Address:_____City:_____State:_____Zip:_____

Section Five: 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 Six: Written Acceptance of Designation as Resident Agent

I hereby accept the designation as Resident Agent.

_____
Signature of Resident Agent

_____
Name of Resident Agent

_____
Telephone Number of Resident Agent

_____
Street Address of Resident Agent

_____
City, State, Zip Code 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) the name and address of each candidate or committee which received a contribution from the committee, along with the amount contributed. 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:_____

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