

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: _____

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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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 }
County of _____ } ss.

Subscribed and sworn before me this _____ day of _____, 20_____.

Signature of Notary Public

(Legible Notary Seal)

My Commission Expires: _____