

COUNTY POLITICAL PARTY COMMITTEE REGISTRATION FORM

To be filed with:
Cole Jester, Secretary of State
500 Woodlane Street
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: Committee Name and Political Party Affiliation

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): _____

Name of Political Party With Which Committee is Affiliated: _____

Section Two: Committee Address & Phone Number

If the committee has no office address, use the address of the committee officer authorized to receive notices on behalf of the committee.

Address: _____

City _____ State _____ Zip _____ Telephone Number _____

Section Three: 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 in this state that the committee designates as its official depository for the purposes of depositing all money contributions that it receives in this state and makes all expenditures in this state.

Full Name of Financial Institution: _____

Street Address: _____ City: _____ State: Arkansas Zip: _____

Section Five: Written Acceptance of Appointment by Treasurer

I hereby accept the appointment as Treasurer.

Signature of Treasurer

Name of Treasurer

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.

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: _____