

COMBATting HOSTILE INFLUENCE RULE/ACT 998 COMPLAINT FORM

To be filed with:
Arkansas Secretary of State
State Capitol, 500 Woodlane Street
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

I) Complainant:

Name: _____
First Last Middle Initial
Phone: () - _____
Address Line 1: Street _____ Zip: _____
Address Line 2: City: _____ State: _____
Email: _____
Any other Contact Information:

II) Alleged Violator(s)

Alleged Violator/ Respondent 1
Person(s)/Organization(s) Name: _____
Phone: () - _____ Zip: _____
Address Line 1: Street _____ State: _____
Address Line 2: City: _____
Email: _____
Any other Contact Information:

Alleged Violator/ Respondent 1:
Person(s)/Organization(s) Name: _____
Phone: () - _____

Address Line 1: Street _____
Address Line 2: City: _____
Email: _____
Any other Contact Information:

Zip: _____
State: _____

Alleged Violator/ Respondent 2:
Person(s)/Organization(s) Name:

Phone: () - _____
Address Line 1: Street _____
Address Line 2: City: _____
Email: _____
Any other Contact Information:

Zip: _____
State: _____

Alleged Violator/ Respondent 3:
Person(s)/Organization(s) Name:

Phone: () - _____
Address Line 1: Street _____
Address Line 2: City: _____
Email: _____
Any other Contact Information:

Zip: _____
State: _____

(Please list further alleged violators on back of complaint or on separate attachment)

III) Alleged Violation(s) (check all that apply):

- 1) Foreign-supported political organization(s):
 - (1) Failure to file a registration statement. ____
 - (2) Incomplete or false statement of money or things of value. ____

- (3) Incomplete or false statement of expenditures of money or things of value used to further political influence. ____
- (4) Other: _____

2) Representative of a hostile foreign principal:

- (1) Failure to file a registration statement. ____
- (2) Failure to update a registration statement when needed. ____
- (3) Incomplete or false information on a statement. ____
- (4) Other: _____

IV) Summary of Facts/Statement (required):

(if needed, please attach a summary to this complaint form prior to submission)

V) Witnesses (if any):

A) Witness 1:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

B) Witness 2:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

C) Witness 3:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

D) Witness 4:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

E) Witness 5:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

F) Witness 6:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

G) Witness 7:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

VI) List of Attachments Provided

- 1)
- 2)
- 3)
- 4)
- 5)

VII) Oath (required):

CERTIFY UNDER OATH that I have accurately stated the allegations made against the Respondent to the best of my knowledge and I agree to be responsive to further inquiries of the Secretary of State of the State of Arkansas.

Signature of Complainant or duly authorized Representative

Printed Name of Complainant or duly authorized Representative