

# **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:

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Phone: (\_\_\_\_) - \_\_\_\_\_

Address Line 1: Street \_\_\_\_\_ Zip: \_\_\_\_\_

Address Line 2: City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

Any other Contact Information:

Alleged Violator/ Respondent 1:

Person(s)/Organization(s) Name:

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Phone: (\_\_\_\_) - \_\_\_\_\_

Address Line 1: Street\_\_\_\_\_

Zip:\_\_\_\_\_

Address Line 2: City: \_\_\_\_\_

State: \_\_\_\_\_

Email:\_\_\_\_\_

Any other Contact Information:

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Alleged Violator/ Respondent 2:

Person(s)/Organization(s) Name:

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Phone: (\_\_\_\_) - \_\_\_\_\_

Address Line 1: Street\_\_\_\_\_

Zip:\_\_\_\_\_

Address Line 2: City: \_\_\_\_\_

State: \_\_\_\_\_

Email:\_\_\_\_\_

Any other Contact Information:

Alleged Violator/ Respondent 3:

Person(s)/Organization(s) Name:

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Phone: (\_\_\_\_) - \_\_\_\_\_

Address Line 1: Street\_\_\_\_\_

Zip:\_\_\_\_\_

Address Line 2: City: \_\_\_\_\_

State: \_\_\_\_\_

Email:\_\_\_\_\_

Any other Contact Information:

*(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: \_\_\_\_\_  
Email: \_\_\_\_\_

State: \_\_\_\_\_

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.

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Signature of Complainant or duly authorized Representative

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Printed Name of Complainant or duly authorized Representative