

BALLOT QUESTION COMMITTEE (BQC) STATEMENT OF ORGANIZATION

To be filed with:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

Check if this is an amendment to a previously filed statement of organization

Section One: BQC Name

Name of BQC (in full): _____

Section Two: BQC Address & Phone Number

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

Address: _____

City: _____ State _____ Zip _____ Telephone Number _____

Section Three: BQC Officers and Directors

Provide the name, title, address, and telephone number of the treasurer and other principal officers and directors of the BQC.

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____

Section Four: Financial Information

Provide the name and address of each financial institution in which the BQC deposits money or anything else of monetary value.

Name of Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Section Five: Members

Provide the name of each person who is a member of the committee. A person that is not an individual may be listed by its name without also listing its own members, if any.

Section Six: Brief Statement

Provide a brief statement identifying the substance of each ballot question as to which the BQC will expressly advocate the qualification, disqualification, passage, or defeat, and, if known, the date each ballot question shall be presented to a popular vote at an election.

Date

Signature of BQC Officer

12. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE

(Does not include volunteer services by individuals)

Date of Receipt	Name of Contributor	Street Address of Contributor	Description and Value of Nonmoney Item	Cumulative Total from this Contributor
13. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS				
14. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS				
15. TOTAL NONMONEY CONTRIBUTIONS				

IMPORTANT

In addition to monetary contributions, committees should report the receipt of any nonmoney (“in-kind”) contributions. A committee receives an in-kind contribution whenever a person provides the committee with an item or service without charge or for a charge that is less than the fair market value of the item or service in question.

BALLOT QUESTION COMMITTEE (BQC)
NOTICE OF DISSOLUTION

To be filed with:
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Little Rock, AR 72203
Phone (501) 324-9600
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(Arkansas Ethics Commission File Stamp)

1. NAME OF BQC (IN FULL): _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

2. REMAINING FUNDS ON HAND AT TIME OF DISSOLUTION \$ _____

3. METHOD BY WHICH REMAINING FUNDS WERE DISPOSED OF:

Treasurer of State (for benefit of General Revenue Fund Account of the State Apportionment Fund)

An organized political party or a political party caucus of the Arkansas General Assembly, the Senate, or the House of Representatives

A nonprofit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code

Contributors to the BQC

DATE

SIGNATURE OF BQC OFFICER

LEGISLATIVE QUESTION COMMITTEE (LQC) STATEMENT OF ORGANIZATION

To be filed with:
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(Arkansas Ethics Commission File Stamp)

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Section One: LQC Name

Name of LQC (in full): _____

Section Two: LQC Address & Phone Number

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

Address: _____

City: _____ State _____ Zip _____ Telephone Number _____

Section Three: LQC Officers and Directors

Provide the name, title, address, and telephone number of the treasurer and other principal officers and directors of the LQC.

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____

Section Four: Financial Information

Provide the name and address of each financial institution in which the LQC deposits money or anything else of monetary value.

Name of Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Section Five: Members

Provide the name of each person who is a member of the committee. A person that is not an individual may be listed by its name without also listing its own members, if any.

Section Six: Brief Statement

Provide a brief statement identifying the substance of each legislative question as to which the LQC will expressly advocate the passage or defeat, and, if known, the date each legislative question will be presented to a popular vote at an election.

Date

Signature of LQC Officer

12. NONMONEY CONTRIBUTIONS RECEIVED BY COMMITTEE

(Does not include volunteer services by individuals)

Date of Receipt	Name of Contributor	Street Address of Contributor	Description and Value of Nonmoney Item	Cumulative Total from this Contributor
13. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS				
14. TOTAL NONITEMIZED NONMONEY CONTRIBUTIONS				
15. TOTAL NONMONEY CONTRIBUTIONS				

IMPORTANT

In addition to monetary contributions, committees should report the receipt of any nonmoney (“in-kind”) contributions. A committee receives an in-kind contribution whenever a person provides the committee with an item or service without charge or for a charge that is less than the fair market value of the item or service in question.

LEGISLATIVE QUESTION COMMITTEE (LQC)
NOTICE OF DISSOLUTION

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1. NAME OF LQC (IN FULL): _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

4. REMAINING FUNDS ON HAND AT TIME OF DISSOLUTION \$ _____

5. METHOD BY WHICH REMAINING FUNDS WERE DISPOSED OF:

- Treasurer of State (for benefit of General Revenue Fund Account of the State Apportionment Fund)
- An organized political party or a political party caucus of the Arkansas General Assembly, the Senate, or the House of Representatives
- A nonprofit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code
- Contributors to the LQC

DATE

SIGNATURE OF LQC OFFICER