

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 2012

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

FILED

SEP 25 2012

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): DLCC Arkansas **Arkansas Secretary of State**

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: 1401 K Street NW, Suite 201
City: Washington State: DC Zip: 20005 Telephone Number: 202-449-6740

Section Three: PAC Officers

Provide the name, address, telephone number, and place of employment for each officer of the PAC.

Name: Michael Sargeant Title: President

Address: 1401 K Street NW, Ste 201 City: Washington State: DC Zip: 20005

Place of Employment: DLCC Telephone Number: 202-449-6740

Name: Kurt Fritts Title: Vice President

Address: 1401 K Street NW, Ste 201 City: Washington State: DC Zip: 20005

Place of Employment: DLCC Telephone Number: 202-449-6740

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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Name of Interest Represented: _____

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

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: Bank of America

Street Address: 1090 Vermont Avenue City: Washington State: DC Zip: 20005

Section Six: Written Acceptance of Designation as Resident Agent

I hereby accept the designation as Resident Agent.

Audrey Kelley
Signature of Resident Agent

Audrey Kelley
Name of Resident Agent

115 Spring River Rd, Sherwood, AR 72120
Address of Resident Agent

Affidavit

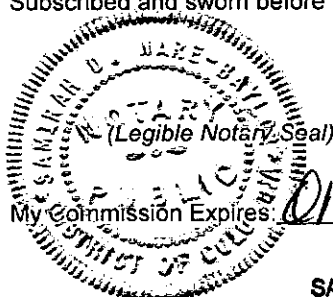
I certify under oath that the above information is true and correct. In addition, I certify that the committee shall maintain for a period of four (4) years records evidencing (1) the name, address, and place of employment of each person who contributed to the committee, along with the amount contributed 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]
Signature of Committee Officer

State of Arkansas

County of District of Columbia

Subscribed and sworn before me this 25th day of September, 2012



[Signature]
Signature of Notary Public