

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 2013

*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

F I L E D

JUL 31 2013

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): Taxpayers for Change PAC

Acronym (if applicable): _____

**Arkansas
Secretary of State**

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: P.O. Box 295

City Little Rock State AR Zip 72203 Telephone Number 501-837-1172

Section Three: PAC Officers

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

Name: Chris Stewart Title: Resident Agent/Officer

Address: 904 Garland Street City: Little Rock State: AR Zip: 72201

Place of Employment: Stewart Law Firm Telephone Number: 501-837-1172

Name: Don Thomas Title: Officer

Address: 12 Stern Wheel City: Conway State: AR Zip: 72034

Place of Employment: Retired Telephone Number: 501 329.7663

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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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: Delta Bank and Trust

Street Address: 11700 Cantrell Rd Walton Hts City: Little Rock State: AR Zip: 72223

Section Six: Written Acceptance of Designation as Resident Agent

I hereby accept the designation as Resident Agent.

[Signature]
Signature of Resident Agent
CAROL STEWART
Name of Resident Agent
904 Cantrell LR AR 72201
Address of Resident Agent

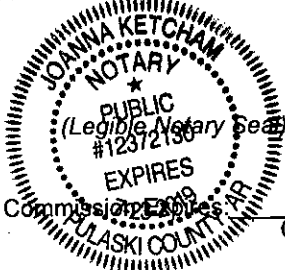
Affidavit

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 Polk } ss.

Subscribed and sworn before me this 31st day of July, 2013.



[Signature]
Signature of Notary Public

July 23, 2019