

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

FILED

JUL 31 2013

Arkansas
Secretary of State

Section One: PAC Name

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

Name of PAC (in full): Judicial Reform PAC

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: P.O. Box 301

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: Cheryl Loechter Title: Officer

Address: 104 Tyler Plaza City: Conway State: AR Zip: 72034

Place of Employment: The Thomas Group Telephone Number: 501-505-8217

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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Section Five: Financial Institution

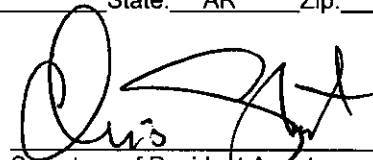
Provide the financial institution that the committee designates as its official depository for purposes of receiving contributions or making expenditures within the State of Arkansas.

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 of Resident Agent

CHRIS STENNET

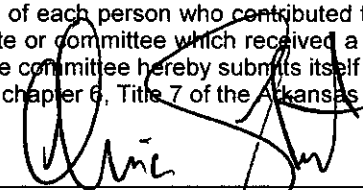
Name of Resident Agent

904 Garland 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 of Committee Officer

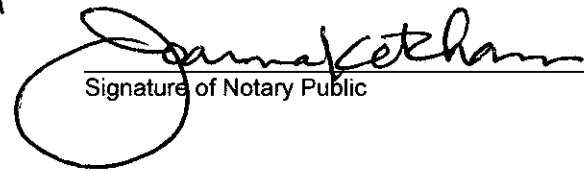
State of Arkansas

County of Pulaski } ss.

Subscribed and sworn before me this 31st day of July, 20 13.



My Commission Expires July 23, 2019



Signature of Notary Public