PAGE 1/9

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Party of Arkansas 1300 West Capitol Ave ADDRESS (number and street) (Check if address is changed) Little Rock 72201 AR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pwhough@politicalcfos.com (Check if address is changed) Optional Second E-Mail Address karyn@arkdems.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.arkdems.org (Check if address is changed) DATE 2020 C00024372 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Unger, John, , , Type or Print Name of Treasurer Unger, John,,, [Electronically Filed] 09 15 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i age £
Can	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.))
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)	×	This committee is a STA (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02/200	9)	Page 3
Write or Type Committee Name	of Arkonogo	
Democratic Party		
6. Name of Any Connected Organi	zation, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
Dollars for Democrats		
430 Mailing Address	S Capitol St SE	
	300	
L_⊥ __ Was	shington	20003
	CITY STAT	E ZIP CODE
Relationship: Connected Orga	nization Affiliated Committee X Joint Fundraising Repres	Sentative Leadership PAC Sponsor
 Custodian of Records: Identify by books and records. 	name, address (phone number optional) and position of the	he person in possession of committee
Unger, John, , ,		
1300	D W Capitol Ave	
Mailing Address		
L⊥⊥ Littl	e Rock , AR	, ,72201
Title or Position	CITY STATE	ZIP CODE
Tresurer	Telephone number	
3. Treasurer: List the name and addr any designated agent (e.g., assista	ess (phone number optional) of the treasurer of the commint treasurer).	ittee; and the name and address of
Full Name Unger, John, , ,		
of Treasurer) W Capitol Ave	
Mailing Address	··	
Little	Rock AR	
Title or Position , Tresurer	CITY STATE	ZIP CODE
	Telephone number	

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE ZIF	P CODE
Title or Position		
	Telephone number	
safety deposit b Name of Bank,		
	Depository, etc. First Security Bank ,314 N Spring	
Name of Bank,	Depository, etc. First Security Bank ,314 N Spring	
Name of Bank,	Depository, etc. First Security Bank ,314 N Spring	
Name of Bank,	Pirst Security Bank 314 N Spring Searcy AR 72143	
Name of Bank,	Depository, etc. First Security Bank 314 N Spring Searcy AR 72143 CITY STATE ZI	P CODE
Name of Bank, Mailing Address	Depository, etc. First Security Bank 314 N Spring Searcy AR 72143 CITY STATE ZI	P CODE
Name of Bank, Mailing Address	Depository, etc. First Security Bank 314 N Spring Searcy AR 72143 CITY STATE ZI Depository, etc. Simmon's First National Bank 100 Morgan Keegan Dr	P CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. First Security Bank 314 N Spring Searcy AR 72143 CITY STATE ZI Depository, etc. Simmon's First National Bank 100 Morgan Keegan Dr	P CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. First Security Bank 314 N Spring Searcy AR 72143 CITY STATE ZI Depository, etc. Simmon's First National Bank 100 Morgan Keegan Dr	P CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:			
,,,,	1.		FEC ID	number C	
	2.		FEC ID	number C	
	3.		FEC ID	number C	
	4.		FEC ID	number C	
6.	Name of Any Connected DNC State Party	Organization, Affiliated Committee, /ictory Fund	, Joint Fundraising Repre	esentative, or	Leadership PAC Sponsor
	Mailing Address	430 S Capitol St SE			
		Washington	1	DC	20003
	Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committe	ee X Joint Fundraising I	Representative	Leadership PAC Spons
8.	Designated Agent: Identify	by name, address (phone number -	- optional)		
	Full Name				
	Mailing Address				
		1			
	TITLE OR POSITION	CITY A	SI	TATE A	ZIP CODE 🛦
	TITLE OR POSITION	CITY A	ST Telephone Nur		ZIP CODE A
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositor intains funds.	Telephone Nur	nber	
9.	Banks or Other Depositor	ries: List all banks or other depositor intains funds.	Telephone Nur	nber	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositor intains funds.	Telephone Nur	nber	
9.	Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositor intains funds.	Telephone Nur	nber	
9.	Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositor intains funds.	Telephone Nur	nber	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

anization, Affiliated Committee, Join ots Victory Fund	FEC FEC	D number D number D number	C C c, or Leadership PAC Spon
ots Victory Fund	FEC	D number	C
ots Victory Fund			
ots Victory Fund	t Fundraising Re	epresentative	e, or Leadership PAC Spon
ots Victory Fund	t Fundraising Re	epresentative	e, or Leadership PAC Spon
130 South Capitol St SE			
430 South Capitol St SE			
			2222
Washington		DC	20003
CITY A		STATE ▲	ZIP CODE ▲
name, address (phone number – opti	onal)		
CITY ▲		STATE A	ZIP CODE ▲
	Telephone	Number	
List all banks or other depositories in ns funds.	n which the comn	nittee deposit	s funds, holds accounts, ren
ated Bank			
'5 Seventh Avenue			
	CITY ▲ List all banks or other depositories ir ns funds. ated Bank	Affiliated Committee Joint Fundraising name, address (phone number – optional) CITY Telephone I List all banks or other depositories in which the commons funds. ated Bank	Affiliated Committee Joint Fundraising Representation name, address (phone number – optional) CITY STATE Telephone Number List all banks or other depositories in which the committee deposits ns funds. ated Bank

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

_				
5(a)	or(h). Joint Fundraising	g Participant:		
O(9)	1.	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID Humber	C
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 7268		
		LITTLE ROCK	AR	72217
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		1	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which t intains funds.	the committee deposits	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Depository, etc.			
	Depository, etc.			

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraising	g Participant:		
· (9)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.		T EO 15 Hambol	0
6.	Name of Any Connected BIDEN VICTORY	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	430 SOUTH CAPITOL STREET SE		
		WASHINGTON	DC	20003
	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected	Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		I contract contract		I I-I I
	TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
	Lilian	1	lephone Number	
9.		ries: List all banks or other depositories in which	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Name of Bank,			
	Name of Bank, Depository, etc.			
	Name of Bank, Depository, etc.			

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	FEC ID number	С
	FEC ID number	С
	FEC ID number	С
	FEC ID number	С
	draising Representative	e, or Leadership PAC Spons
3000 AIRPORT DR.		
#204		
ERIE	l co	80516
CITY A	STATE A	ZIP CODE ▲
y by name, address (phone number – optional)		
y by name, address (phone number – optional)		
y by name, address (phone number – optional)		
y by name, address (phone number – optional)	STATE A	ZIP CODE A
	3000 AIRPORT DR. #204 ERIE CITY	Organization, Affiliated Committee, Joint Fundraising Representative VICTORY FUND 3000 AIRPORT DR. #204 ERIE CO STATE