FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Mark Pryor for U.S. Senate

ADDRESS (number and street) Post Office Box 2720

☐ (Check if address is changed)

Little Rock AR 72203 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

pryor2002@aristotle.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 05 08 2001

3. FEC IDENTIFICATION NUMBER ▶ C

4. 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.

Type or Print Name of Treasurer Phil Herrington

Signature of Treasurer Date 05 08 2001

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 Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN010.PDF

5. TYPE OF COMMITTEE (Check One)

(a) [X] 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. (Complete the candidate information below.)

Name of Candidate: Mark Pryor

Candidate Party Affiliation: Dem.

Office Sought: [ ] House [X] Senate [ ] President

State: AR

District:

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

(d) [ ] This committee is a [ ] (National, State or subordinate) committee of the [ ] (Democratic, Republican, etc.) Party.

(e) [ ] This committee is a separate segregated fund.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: Randy Massanelli

Mailing Address: Post Office Box 2720

Little Rock | AR | 72203 -

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Campaign Manager

Telephone number: 501 - 376 - 1441

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Phil Harrington

Mailing Address: Post Office Box 2720

Little Rock | AR | 72203 -

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number: - -

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

One National Bank

Mailing Address

Capitol at Center

Post Office Box 34113

Little Rock AR 72203-4113

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

GARY SISCO
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

____HAND DELIVERED_____
Date of Receipt

____FAX (48-HOUR NOTICES)_____
Date of Receipt

____INSIDE MAIL_____
Date of Receipt

____RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER _____
Date of Receipt

____RECEIVED FROM THE FEDERAL ELECTION COMMISSION_____
Date of Receipt

✓ FIRST CLASS MAIL 5/11/01
Postmarked

____REGISTERED/CERTIFIED MAIL_____
Postmarked

____NO POSTMARK ____POSTMARK ILLEGIBLE

____ OTHER (Specify):_____
____ AIRBORNE EXPRESS
____ EXPRESS MAIL
____ FEDERAL EXPRESS
____ UPS
_____
Postmark and/or Date of Receipt

RD 5/15/01
Preparer Date Prepared