Pryor

SECRETARY OF THE SENATE

02 JUL 17 PM 1:23

Enclosed please find the (1) 2nd Quarter FEC Report & (2) An Amended Statement of Organization from the Mark Pryor for U.S. Senate Campaign —

Thank you —
Joan Pehle
Office Manager

Mark Pryor for U.S. Senate
Post Office Box 2720 • Little Rock, Arkansas 72203 • Phone 501-376-1441 • Fax 501-376-1767 • E-mail: pryor2002@aristotle.net

PAID FOR BY THE MARK PRYOR FOR U.S. SENATE COMMITTEE, PHIL HERRINGTON, TREASURER

SECRETARY OF THE SENATE

02 JUL 17 PM 1:23

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 US Senate

ADDRESS (number and street) P.O. Box 2070

☐ (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 07 / 01 / 2002

3. FEC IDENTIFICATION NUMBER ▶ C00366401

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 Randy Massanelli

Signature of Treasurer Randy Massanelli Date 07 / 01 / 2002

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 FROM 1
(Revised 1/2001)

SECRETARY OF U.S. SENATE

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FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

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

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Little Rock | AR | 72203 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

pryor2002@aristotle.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 07 / 01 / 2002

3. FEC IDENTIFICATION NUMBER ▶ C00368401

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 Randy Massanelli

Signature of Treasurer _____ Date 07 / 01 / 2002

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

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FEC FROM 1
(Revised 1/2001)

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 L. 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

Mark Pryor for US Senate

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

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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.

Wells Fargo Bank

Mailing Address 1200 Montego Way, Bldg. C

Walnut Creek CA 94598 –

CITY ▲ STATE ▲ ZIP CODE ▲

JERI THOMSON
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

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Date of Receipt

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Date of Receipt

____**RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER** _____
Date of Receipt

____**RECEIVED FROM THE FEDERAL ELECTION COMMISSION**_____
Date of Receipt

____**FIRST CLASS MAIL**_____
Postmarked

✓ **REGISTERED/CERTIFIED MAIL** 7-15-02
Postmarked

____**NO POSTMARK** ____**POSTMARK ILLEGIBLE**

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

RS 7-17-02
Preparer **Date Prepared**