

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Arkansas Nurse Practitioner Association  
Political Action Committ - Committee

ADDRESS (number and street)

880 Stokenbury Road

(Check if address is changed)

ELKINS  
CITY ▲

AR  
STATE ▲

72702  
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

*ext*

(Check if address is changed)

kreynolds@anpassocation.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

NO CHANGE AND JURISDICTION NOT TO BE ENCLOSED WITH THIS STATEMENT

2. DATE

MM / DD / YYYY

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

Karen Reynolds

Signature of Treasurer

*Karen Reynolds*

Date

08 / 29 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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 06/2012)

NON-QUALIFIED ORGANIZATION



Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Arkansas Nurse Practitioner Association

Mailing Address 880 Stokenbury Road

Elkins AR 72727

CITY STATE ZIP CODE

Relationship: [X] Connected Organization [ ] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

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 Katherine Darling

Mailing Address 127 W Sunbridge

Fayetteville AR 72703

Title or Position CITY STATE ZIP CODE

President

Telephone number 870-421-5875

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 Karen Reynolds

Mailing Address 880 Stokenbury Road

Elkins AR 72727

CITY STATE ZIP CODE

Title or Position Treasurer

Telephone number 479-530-5090

NOTIFICATION OF DISBURSEMENT

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

[Empty grid for Mailing Address line 3]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

ARVEST

Mailing Address

74 N. EAST AVE

Fayetteville

AR

72701

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

[Empty grid for Mailing Address line 3]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

NON-PROFIT ORGANIZATION

880 Stokenbury  
Elkwood Ar  
72727



NO POSTAGE  
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Federal Election Commission  
999 E Street NW  
Washington DC 20463



Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt  
8/31/16 9/7/16

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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
PREPARER

9/7/16  
DATE PREPARED

2015-09-07 09:00:00