| FEC FORM 1 | STATEMENT OF ORGANIZATION | RECEIVED FEC MAIL CENTER 2015 MAY 14 PM 12: 10 Office Use Only |
|-----------------------------------|--|---|
| 1. NAME OF COMMITTEE (in full) | (Check if name Example If typing, type is changed) over the lines. | e 12FÉ4M5 |
| Huckabee for Presiden | t, Inc. | |
| | | |
| ADDRESS (number and street) | PO Box 3357 | |
| (Check if address is changed) | | |
| | Little Rock | AR 72203 |
| | CITY | STATE A ZIP CODE A |
| COMMITTEE'S E-MAIL ADDRE | SS | |
| (Check if address is changed) | cturner@thomasthomasllp.com | |
| | Optional Second E-Mail Address | <u> </u> |
| COMMITTEE'S WEB PAGE ADD | DRESS (URL) | |
| (Check if address is changed) | www.mikehuckabee.com | <u>, , , , , , , , , , , , , , , , , , , </u> |
| | | |
| 2. DATE 05 (02 | ° (<u>2015</u> | |
| 3. FEC IDENTIFICATION NU | | |
| 4. IS THIS STATEMENT | | A) |
| I certify that I have examined th | is Statement and to the best of my knowledge and bel | ief it is true, correct and complete. |
| Type or Print Name of Treasure | Cale Turner | · · · |
| Signature of Treasurer | h for | |
| NOTE: Submission of false, errone | ous, or incomplete information may subject the person sign ANY CHANGE IN INFORMATION SHOULD BE REPORT | |
| Office Use Only | For further informat Federal Election Com Toll Free 800-424-95 Local 202-694-1100 | tion contact: FEC FORM 1 |

1508-142-4202

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|----|-----------------------------|---|--|
| 5. | | OMMITTEE | |
| | | e Committee: 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. (Con | |
| | Name of Candidate | information below.) Mike Huckabee | L |
| | Candidate Party Affiliat | on REP Office Sought: House Senate Rep President | State |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | | |
| | Party Cor | | |
| | (d) | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| | Political A | ction Committee (PAC): | |
| | (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con | 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 s committee. (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.) | |
| | Joint Fun | draising Representative: | |
| | (9) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political |
| | (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political |
| | Corr | mittees Participating in Joint Fundraiser | |
| | 1. | | ······································ |
| | 2. | | ······································ |
| | 3. | | ······································ |
| | 4. | | ······································ |
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|--|---|----------------------|
| FEC Form 1 (Revised (| 02/2009) | Page 3 |
| Write or Type Committee Name | | |
| Huckabee for Preside | nt, Inc. | |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fundraising Representative, or Leaderst | nip PAC Sponsor |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | d Organization Affiliated Committee Joint Fundraising Representative | dership PAC Sponsor |
| 7. Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and position of the person in pos | session of committee |
| Full Name | | |
| Mailing Address | | |
| | | |
| | Little Rock | |
| Title or Position | CITY STATE | |
| Assistant Treasurer | Telephone number 501 - 35 | 8 - 4083 |
| 8. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee, and the nar assistant treasurer). | ne and address of |
| Full Name Cale Tu | | |
| Mailing Address | 201 East Markham Street, Suite 500 | |
| | Little Rock CITY STATE | |
| Title or Position | CITY STATE 2 | |

| FEC Form 1 (Revised 02/2009) | 1 (Revised 02/2009) |
|------------------------------|---------------------|
|------------------------------|---------------------|

| Full Name of Designated Agent | ∣Megan Turner | | |
|--|---|-----------------------------------|-------------------------------------|
| Mailing Address | PO Box 3357 | | |
| | | | |
| | Little Rock | AF | |
| Title or Position | | Telephone number | [501,]-[358,]-[4083 |
| Banks or Other safety deposit bo Name of Bank, I | Depositories: List all banks or other depos xes or maintains funds. Depository, etc. | itories in which the committee de | posits funds, holds accounts, rents |
| | Centennial Bank | | |
| Mailing Address | 620 Chestnut Street | | |
| | | | |
| | | | |
| | L [Conway | A | R [72032]-[|
| | L [Coŋway | Al | |
| Name of Bank, I | CITY | | |
| Name of Bank, I | CITY | | |
| Name of Bank, I Mailing Address | CITY | | |
| | CITY | | |
| | CITY | | |

Page 4

Hulumbhhhaladada KETURN SECEPT Federal Election Commission 999 E Street NW Washington, DC 20463 42-4206 PO BOX 3357 With Porch, NR 72203 7014 2120 0002 9705 4884

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. Date of Receipt Hand Delivered Date of Receipt Postmarked **USPS** First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked USPS Priority Mail Express Postmark Illegible No Postmark Shipping Date **Overnight Delivery Service (Specify):** Next Business Day Delivery Date of Receipt **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 or Postmarked Other (Specify): DATE PREPARED PREPARER (3/2015)

1503-142-4207