

FEC FORM 1

STATEMENT OF ORGANIZATION

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2016 AUG -9 AM 9:36

Office Use Only

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

In the Arena PAC

ADDRESS (number and street) P.O. Box 7244
 (Check if address is changed)
Little Rock AR 72217
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) cturmer@thomasthomasllp.com
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 08 / 01 / 2016

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 Cale Turner

Signature of Treasurer *Cale Turner* Date 08 / 08 / 2016

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.

20160809 09:36 AM 12FE4M5

Write or Type Committee Name

In the Arena PAC

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

James French Hill

Mailing Address

P.O. Box 7841

Little Rock

AR

72217

_____-____

CITY

STATE

ZIP CODE

Relationship: 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

Cale Turner

Mailing Address

201 East Markham

Suite 500

Little Rock

AR

72201

_____-____

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

501

210

7340

_____-____-____

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

Cale Turner

Mailing Address

201 East Markham

Suite 500

Little Rock

AR

72201

_____-____

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

501

210

7340

_____-____-____

Full Name of Designated Agent Melissa Cary

Mailing Address 201 East Markham
Suite 500
Little Rock AR 72201 -
CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 501 - 210 - 7314

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.

Simmons First

Mailing Address 501 Main Street

Pine Bluff AR 71601 -
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

 -
CITY STATE ZIP CODE

2010-08-01 00:00:00

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

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USPS Priority Mail Postmarked

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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): **FED EX** Shipping Date **8/8/16**
 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 
 (3/2015)

8/9/16
 DATE PREPARED

NON-FEDERAL ELECTION DOCUMENT