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**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

USE FED MAILING LABEL  
OR TYPE OR PRINT

Example: If typing, type  
over the lines.

12FE4M5

CO028972E 010402 N 282  
JOHN LANGRAN  
GOLD CIRCLE-FEDERAL COMMITTEE  
602 GARRISON AVE STE 600  
FORT SMITH AR 72901

ADDRESS (number and street)

Check if different  
than previously  
reported (ADD)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

CO028972E

9. IS THIS  
REPORT

NEW  
(N) OR

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Monthly Report File On:	<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
	<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
	<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 21 (YE)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

October 15  
Quarterly Report (Q3)

January 31  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-Election  
Year Only) (MY)

Termination Report  
(TER)

(b) 12-Day PRE-Election Report for the:	<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
	<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(c) 30-Day POST-Election Report for the:	<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

8. Covering Period

01 / 01 / 2002 through 03 / 31 / 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John C. Langran

Signature of Treasurer

Date

04 / 15 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6457g.

Office  
Use  
Only

**FEC FORM 3X**  
(Revised 1/97)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

GOLD CIRCLE - FEDERAL COMMITTEE

Report Covering the Period:

From:

1/1/2002, 1/1/2002, 2-28-2002

To:

03/31/2002

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (e) Cash on Hand January 1. 2,263.00

3,263.00

(b) Cash on Hand at Beginning of Reporting Period

3,263.00

(c) Total Receipts (from Line 19)

0.00

0.00

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)

3,263.00

3,263.00

7. Total Disbursements (from Line 50)

0.00

0.00

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))

3,263.00

3,263.00

9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)

0.00

10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)

3,000.00

This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9630  
Local 202-694-1100

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FORM LINE NUMBER: (check only one)

0  
10

NAME OF COMMITTEE (in full)

GOLD CIRCLE - FEDERAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GOLD CIRCLE STATE COMMITTEE #3

Nature of Debt (Purpose):

TRANSFER

Mailing Address

602 GARRISON AVE, STE 600

City

State

Zip Code

FT. SMITH AR

72901

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GOLD CIRCLE STATE COMMITTEE #4

Nature of Debt (Purpose):

TRANSFER

Mailing Address

602 GARRISON AVE, STE 600

City

State

Zip Code

FT. SMITH AR

72901

Outstanding Balance Beginning This Period

2,500.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2,500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page line number only)

3) TOTAL OUTSTANDING DEBTS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 4/16/01
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify )	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
JAC	4/13/01
PREPARER	DATE PREPARED