04/04/2005 11 : 32

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

ARKANSAS BANKERS ASSOCIATION PAC INC

ADDRESS (number and street)

1220 WEST THIRD STREET

(Check if address is changed)

LITTLE ROCK | AR | 72201 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

charles.miller@arkbankers.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

5013769243

2. DATE 04 04 2005

3. **FEC IDENTIFICATION NUMBER** **C C00328278**

4. IS THIS STATEMENT X 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 **Mr. Ken Hammonds**

Signature of Treasurer Electronically Filed by **Mr. Ken Hammonds** Date 04 04 2005

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 FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) 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

Candidate Party Affiliation

Office Sought: House Senate President

State 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) X 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

AMERICAN BANKERS ASSOCIATION BANKPAC

Mailing Address 1120 CONN. AVE., NW SUITE 651

WASHINGTON DC 20036 -

CITY STATE ZIP CODE

Relationship Affiliated

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization X Trade Association Cooperative

Write or Type Committee Name

ARKANSAS BANKERS ASSOCIATION PAC INC

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: Charles M. Miller

Mailing Address: 1220 W. Third Street

Title or Position ▼ | CITY ▲: Little Rock | STATE ▲: AR | ZIP CODE ▲: 72201 –

Telephone number: 501 – 376 – 3741

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: Mr. Ken Hammonds

Mailing Address: 1220 West Third Street

Title or Position ▼: Treasurer | CITY ▲: Little Rock | STATE ▲: AR | ZIP CODE ▲: 72201 –

Telephone number: 501 – 376 – 3741

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.

Regions Bank

Mailing Address 400 West Capital

Little Rock AR 72201 -

CITY STATE ZIP CODE