

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2012 OCT -9 AM 11:47
FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

UNITED STATES SENATE CAMPAIGN FUND FOR ARKANSAS

ADDRESS (number and street)

PO BOX 681337

☐

(Check if address
is changed)

MIAMI

FL

33168

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

USsenateCampaignFundPACs@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

2. DATE

10th ' 4th ' 2012

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

STANLEY GATES

Signature of Treasurer

Stanley Gates

Date

10th ' 04th ' 2012

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 02/2009)

12030893704

Candidate Committee:

- 1.** _____ FEC ID number C
- 2.** _____ FEC ID number C
- 3.** _____ FEC ID number C
- 4.** _____ FEC ID number C

Write or Type Committee Name

UNITED STATES SENATE CAMPAIGN FUND FOR ARKANSAS

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

NONE

Mailing Address

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

STANLEY GATES

Mailing Address

P. O. BOX 681337

MIAMI

FL

33168

Title or Position

CITY

STATE

ZIP CODE

LEGISLATIVE DIRECTOR

Telephone number

305

- 761

- 0002

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

STANLEY GATES

Mailing Address

P. O. BOX 681337

MIAMI

FL

33168

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

305

- 761

- 0002

12030893706

Full Name of
Designated
Agent

Mailing Address

Title or Position

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.

CITIBANK

Mailing Address

10800 BISCAYNE BLVD

MIAMI

FL

33161

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030893707

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.

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☐ USPS First Class Mail Postmarked

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☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify): Shipping Date
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☐ Received from House Records & Registration Office Date of Receipt

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☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked


PREPARER

10/9/12
DATE PREPARED

(3/2005)

12030893708