## STATEMENT OF

RECEIVED

FEC FORM 1		ORGAN	IZATI	ON		2012 00	T -9	AM []: [	47
				·····		FEC	MAlomo	Beh/Only	8
1. NAME OF COMMITTEE (in	n full)	(Check if nam is changed)		ample:If typi er the lines.	ing, type	12FE4	M5	<del>-</del>	•
UNITED S	TATE	S SENATE (	CAMP	AIGN	FUND	FOR A	ARK	NŞA	<u>.</u> \$
							<u></u>		
ADDRESS (number a	nd street)	PO BOX 68	31337						لببيا
(Check if address is changed)		MIAMI			FL 33168			- - -	
			CITY			STATE		ZĮP CC	DDE
COMMITTEE'S E-MA	AIL ADDRES	ss (Please provide only USsenate(			ndPAC	Cs@ar	nail c	om.	1
(Check if is change									
COMMITTEE'S WEB	B PAGE ADI	DRESS (URL)							
(Check if	address					1111	1 1 1		لببب
is change	d)						1.1.		لــــــــــــــــــــــــــــــــــــــ
2. DATE 10	)" ′ <b>4</b>	" ′ <b>20</b> 12							
3. FEC IDENTIFIC	CATION NU	JMBER / (							
4. IS THIS STATE	MENT X	NEW (N) O	PR [	AME	NDED (A)				
I certify that I have	examined th	is Statement and to the	best of my	knowledge	and belief it	t is true, cor	rect and c	complete.	
Type or Print Name	of Treasure	STANLEY	'GATI	ES			-		
Signature of Treasure	er <u>6</u>	Starley Ga	tes			Date	<b>10</b> "′	Ō4°′	Ž0'1Ž `
NOTE: Submission of	•	ous, or incompletedinform ANY CHANGE IN INFOR	-	•			•	enalties of	2 U.S.C. §437g.
Office Use				Federal Ele	Information c ction Commissi 00-424-9530			EC FO	•

FEC Form 1 (R	, levised 02/2009)	Page 2
5. TYPE OF COMMIT		
Candidate Com	nittae:	
(a) This c	committee is a principal campaign committee. (Complete the candidate information below.)	1
`' —	committee is an authorized committee, and is NOT a principal campaign committee. (Com nation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State District
(c) This c	committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee	D:	
(d) This c	committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action	Committee (PAC):	
(e) This o	committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
	Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	committee supports/opposes more than one Federal candidate, and is NOT a separate se nittee. (i.e., nonconnected committee)	egregated fund or party
$\bowtie$	In addition, this committee is a Lobbyist/Registoant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraisin	g Representative:	· · · · · · · · · · · · · · · · · · ·
(g) This c	committee collects contributions, pays fundraising expenses and disburses net proceeds for to hittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
	ommittee collects contributions, pays fundraising expenses and disburses net proceeds for tw ittees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Committees	s Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number C	
4.		

8.

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FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name UNITED STATES SENATE CAMPAIGN FUND FOR ARKANSAS Name of Any Connected Organization, Affinated Committee, Joint Fundalsing Representative, or Leadership PAC Sportsor NONE Mailing Address STATE ZIP CODE CITY Connected Organization | Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Relationship: 7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records. STANLEY GATES Full Name

Mailing Address	P. O. BOX 681337		
			33168    -
Title or Position	СПУ	STATE	ZIP CODE
LEGISLATIVE D	IRECTOR	Telephone number 30	5,[761,[0002 ,
Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the assistant treasurer).	treasurer of the committee;	and the name and address of
Full Name of Treasurer	ILEY GATES		
Mailing Address	P. O. BOX 681337		
	МІАМІ	STATE	33168
Title or Position TREASURER	CHY	Telephone number 30	

I LO POI	in i (nevise	1 0 2 /2009)		<u> </u>			Page 4
Full Name of Designated Agent					<u> </u>		
Mailing Address			<u> </u>			_1 1 1	11111
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		СП	Υ		STATE	<del></del>	ZIP CODE
Title or Position				•	ı		
			Te	elephone numb	er		
Banks or Othe safety deposit b Name of Bank,	oxes or main Depository,	etc.	epositones in which	THE COMMISSION	o deposito		os accounts, tonis
safety deposit b	oxes or main	etains funds.	<u> </u>				
safety deposit b Name of Bank,	Depository,	etains funds.	EBLVD		<u> </u>		
safety deposit b Name of Bank,	Depository,	etains funds.	<u> </u>				
safety deposit b Name of Bank,	Depository,	etains funds.	<u> </u>		FL	[3316	
safety deposit b Name of Bank,	Depository,	NK 10800 BISCAYN	IE BLVD.		FL STATE		
safety deposit b Name of Bank, Mailing Address	Oxes or main Depository, CITIB	tains funds.  NK  10800 BISCAYN  MIAMI	IE BLVD.		iFL,		1, ]-
safety deposit b Name of Bank, Mailing Address	Oxes or main Depository, CITIB	tains funds.  NK  10800 BISCAYN  MIAMI	IE BLVD.		iFL,		1, ]-
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	ING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature C	onfirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	siness 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):	of Receipt or Postmarked
	10/9/12

(3/2005)