CORPORATION STORY

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FEC FORM 1			TEMEN SANIZA			20071107	Office Use Ont	Ty
1. NAME OF COMMITTEE (in	n full)	(Check is cha	(if name nged)	Example: If typover the lines		12FE4M	15	
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ADDRESS (number a	ind street)	Po bix	. 550	8.8				
(Check if a	ddress					<u> </u>		
is changed)	•	L1++1	e Ro	ciKi i i i		[AIR]	7,2,2,1 5	5]
				CITY		STATE	ZIP (CODE
COMMITTEE'S E-MA	AIL ADDRE	ESS (Please provi	de only one e	mail address)				
is change	(Check if address is changed)							
COMMITTEE'S WEB	3 PAGE AD			ラース 0 33) 1 (数) を放け		ora e e e e e e e e e e e e e e e e e e e	n y Cath Al .	
(Check if is change	ed)		<u> </u>					
2. DATE 10 30 2009								
3. FEC IDENTIFIC	CATION N	UMBER	<u>c</u> o	000,20	107		district	
4. IS THIS STATE	MENT (NEW (N)	OR	Х аме	ENDED (A)			
I certify that I have	examined (this Statement an	d to the best	of my knowledge	e and belief it	is true, corre	ect and complete).
Type or Print Name of Treasurer Tracy C. Baltz, MD								
Signature of Treasure	er	Trans	Baly	·		Date	0'30	/ 2 <i>00</i> 9
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. COLOR ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								
Office				For further	er information co	ontact:	··FFA	

 1.4		. ANT CHAI	 		
Office Use Only	g talf ne	·		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM (Revised 02/200

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(Revised 02/2009)

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		EC FO	IIII 1 (Hevised 02/2009)	Page Z							
5.	TYPE	OF C	COMMITTEE								
	Can	didate	e Committee:								
	(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 information below.)	the candidate							
	Name Candi			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
				ij							
	Candi Party	idate Affiliatio	Office Sought: House Senate President	State							
				District							
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Candi	ne of didate [
	Part	rty Committee:									
	(d)			nocratic, ublican, etc.) Party.							
	Polit	ical A	Action Committee (PAC):								
	(e)	\overline{X}	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ted organization is a:							
	·	er.u		bor Organization							
				poperative							
			In addition, this committee is a Lobbyist/Registrant PAC.								
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated fund or party							
			In addition, this committee is a Lobbyist/Registrant PAC.								
			G.T.								
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
	Joint	Fund	draising Representative:								
;	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political							
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political							
		_									
		Com	mittees Participating in Joint Fundraiser								
		1.	FEC ID number								
		2.	FEC ID number								
:	•	3.	FEC ID number								
		4.	FEC ID number								

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	FEC Form 1 (Revised		Page 3
V	Vrite or Type Committee Nam	\sim \sim \sim	Action Counitle
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or	or Leadership PAC Sponsor
<u>L</u> A	ITKANSIASI M	edli c a L 9 o c i e +iy	
L			
	Mailing Address	PIO 1 BIOK 15151018181 1 1 1 1 1 1 1 1 1	
:		LIIHII E ROCK STATE	7,2,2,\5]-[,,,,
	Relationship: Connecte	d Organization Affiliated Committee Doint Fundraising Representati	ve Leadership PAC Sponsor
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the per	rson in possession of committee
	Full Name	e sa Newcomb	
	Mailing Address	PO 151x: 1551018181 1 1 1 1 1 1 1 1 1 1	
		Little Rock	7,2,2,1,5-
	Title or Position	CITY STATE	ZIP CODE
	Ams, Bolokk	Zele DIEIRI III Telephone number 50	0,1]-[7,2,4]-[8,9,6,7]
8.	Treasurer: List the name ar any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Full Name of Treasurer	= y , C , Ba 1 + 2, mD	
	Mailing Address	19,800, Lile Dr. 4,00,	
		Little Rock STATE	7,2,2,0,5]-
	Title or Position	Telephone number 5 p	1 - 2,2,4 - 56,5,8

9.

12010111111111			
Full Name of Designated Agent	Scott, Smith, JD,	! ! ! ! ! ! !	
Mailing Address	Polibix 15150 8811111	<u> </u>	
	Lightle Rock	I AR	17,2,2,1,5 - , , ,
	CITY	STATE	ZIP CODE
Title or Position Secretary	Y Teleph	one number 50	01 - 122,41-[89,67]
Banks or Other Deposite safety deposit boxes or m	orles: List all banks or other depositories in which the naintains funds.	committee deposits	funds, holds accounts, rents
Name of Bank, Depositor	y, etc.		
[Me]	riviopio liitani Mationali	Bankıı	
Mailing Address	PDB124 18019 1 1 1 1 1 1	<u> </u>	<u> </u>
			
	Little Rock	A.R.	1722931-[
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.	-	
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Dar	·		
Mailing Address	117615; Chenail, Pikm		
	<u> </u>	<u> </u>	
	Kittle Rock	AR	7,2,2,1,1-
	СІТУ	STATE	ZIP CODE

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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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No Postmark					
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Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
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PREPARER (3/2005)	DATE PREPARED				