

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

Office Use Only APR 23 AM 10:31

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5 FEC MAIL CENTER

G A R V E R P A C I

ADDRESS (number and street)

P O B O X 1 0 8 1 4

(Check if address is changed)

N L I T T L E R O C K

CITY

AR 7 2 1 1 5

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

d a g a s k i l l @ g a r v e r u s a . c o m

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

0 3 / 1 4 / 2 0 1 4

3. FEC IDENTIFICATION NUMBER

C 0 0 5 5 9 6 0 9

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 Dathan Gaskill

Signature of Treasurer

*D. Gaskill*

Date

0 4 / 1 6 / 2 0 1 4

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 06/2012)

14031224905

5. TYPE OF COMMITTEE

Candidate 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 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 \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

14031224906

Write or Type Committee Name

GARVERPAC

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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 |D|I|A|P|H|I|N|E| |R|U|C|K|

Mailing Address |4|7|0|1| |N|O|R|T|H|S|H|O|R|E| |D|R|

|N| |L|I|T|T|L|E| |R|O|C|K| |A|R| |7|2|1|1|8|

Title or Position

CITY

STATE

ZIP CODE

|C|U|S|T|O|D|I|A|N| |O|F| |R|E|C|O|R|D|S|

Telephone number |5|0|1| - |3|7|6| - |3|6|3|3|

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 |D|A|T|H|A|N| |A| |G|A|S|K|I|L|L|

Mailing Address |4|7|0|1| |N|O|R|T|H|S|H|O|R|E| |D|R|

|N| |L|I|T|T|L|E| |R|O|C|K| |A|R| |7|2|1|1|8|

CITY

STATE

ZIP CODE

Title or Position

|T|R|E|A|S|U|R|E|R|

Telephone number |5|0|1| - |3|7|6| - |3|6|3|3|

14031224907

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

L I B E R I A B A N K

Mailing Address

5 8 0 0 " R " S T R E E T

[Empty grid for Mailing Address line 2]

L I T T L E R O C K A R 7 2 1 1 8

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

14031224908

**Extremely Urgent**

This envelope is for use with the following services:

**UPS Next Day Air®  
UPS Worldwide Express™  
UPS 2nd Day Air®**


Visit **ups.com** or call **1-800-PICK-UPS®** (1-800-742-5877) to schedule a pickup or find a drop off location near you.

**Apply shipping documents on this side.**

Do not use this envelope for:

Page 1 of 1

Airbill: 1Z3R68E10191966518

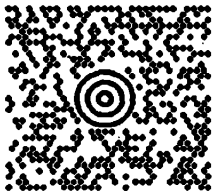

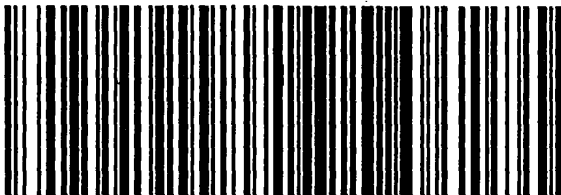

INTERNATIONAL SHIPPING ONLY 

**Domestic Shipments**  
To qualify for the correspondence weight 8 oz. or less, those listed or view

**International Shipments**  
The UPS Express value. Certain countries. ups.com/impot.

To qualify for the UPS Express Envelope

**Note:** Express Envelopes containing sensitive information are not to be used for cash equivalents.

DAPHNE RUCK 5013763633 GARVER 4701 NORTSHORE DR NORTH LITTLE ROCK AR 72118		1 LBS	1 OF 1
<b>SHIP TO:</b> FEC FORM 1 AMENDMENT FEDERAL ELECTION COMMISSION 999 E STREET, N.W. FEDERAL ELECTION COMM DC 20463			
		<b>MD 201 9-83</b> 	
<b>UPS NEXT DAY AIR</b> TRACKING #: 1Z 3R6 8E1 01 9196 6518		<b>1</b>	
			
BILLING: P/P  Trx Ref No.: GarverPAC Trx Ref No.: 001			
<small>XDL 14.03.05</small>		<small>NV45 48.0A'01/2014</small> 	

RECEIVED  
2014 APR 23 AM 10:31  
FEC MAIL CENTER

dated®

International Shipping Notice — Carriage hereunder may be subject to the rules relating to liability and other terms and/or conditions established by the Convention for the Unification of Certain Rules Relating to International Carriage by Air (the "Warsaw Convention") and/or the Convention on the Contract for the International Carriage of Goods by Road (the "CMR Convention"). These commodities, technology or software were exported from the U.S. in accordance with the Export Administration Regulations. Diversion contrary to U.S. law prohibited.  
010195101 1/10 PAC United Parcel Service, Louisville, KY

606672215041

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *UPS* Shipping Date  
*4/22/14*  
Next Business 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): Date of Receipt or Postmarked

*cr* *4/23/14*  
 PREPARER DATE PREPARED  
 (8/2013)

14051224910