Image# 202004219224405947				04/21/2020 12 . 29
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 ——
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	820 S 21ST STREET			
(Check if address				
is changed)	, FORT SMITH		AR 72	2901
	CITY 🔺		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	john-langham@sbcglo			<u> </u>
le enangea,	Optional Second E-Mail Ad	dress		
(Check if address is changed)				
	21 / Y Y Y Y 2020			
3. FEC IDENTIFICATION N	NUMBER ► C C	00289728		
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 i	t is true, correct ar	d complete.
Type or Print Name of Treasur	er Langham, John, , ,			
Signature of Treasurer	gham, John, , ,	[Electronically Filed]	Date 04	/ D D / Y Y Y Y 21 2020
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED \		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC	C Form 1 (Revised 02/2009)	Page 2
TYPE C	DF COMMITTEE	
Candi	date 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. (Comp information below.)	plete the candidate
Name o Candida		
Candida Party Af		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)		Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	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 seg committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(Committees Participating in Joint Fundraiser	
	1 FEC ID number C	
	2 FEC ID number C	
3	3 FEC ID number C	
2	4 FEC ID number C	

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Write or Type Committee Name

GOLD CIRCLE-FEDERAL COMMITTEE

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

N					
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Commit	e Joint Fund	draising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	ify by name, address (phone numl	er optional) an	d position of the perso	on in possession of committee
	Langham, J	lohn, , ,			
	Mailing Address	820 S 21st Street			
	5				
		Fort Smith			72901
	Title or Position	CITY		STATE	ZIP CODE
			Telepho	ne number	
8.	Treasurer: List the name and any designated agent (e.g., as	address (phone number optiona ssistant treasurer).) of the treasurer	of the committee; an	d the name and address of
		ohn			

Full Name	Langham, John, , ,														
of Treasurer															
Mailing Address	820 S 21st Street														
	Fort Smith							R	72	2901					
	Fort Smith	CITY	,			c			72	2901					
Title or Position	Fort Smith	CITY	,			0			72	2901		ZIP			

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Full Name of Designated Agent										I				1									1			
Mailing Address																										
																			L				_			
						C	:IT)	(STA	ΤE				ZII	ΡC	OD	ιE		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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.

F	First National Bank		
Mailing Address	P O Box 7		
	Fort Smith	AR 72902 - - - - - - - - -	
	CITY	STATE ZIP CODE	
Name of Bank, Dep	pository, etc.		
L			
Mailing Address			
	CITY	STATE ZIP CODE	