PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ANN CLEMMER FOR CONGRESS PO BOX 7878 ADDRESS (number and street) (Check if address is changed) LITTLE ROCK 72217 AR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ann@annclemmer.com (Check if address is changed) Optional Second E-Mail Address Clemmer2014@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2014 C00552257 FEC IDENTIFICATION NUMBER 3. X 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. Jill Sawyer Hatcher Type or Print Name of Treasurer Jill Sawyer Hatcher [Electronically Filed] 05 2014 Signature of Treasurer Date 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. FEC FORM 1 (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
	didate	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. (Cor information below.)	nplete the candidate
Name Candi			
Candi Party	date Affiliati	on REP Office Sought: X House Senate President	State 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Candi			
Party	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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	Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or 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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Write or Type Committee Name		raye 3					
ANN CLEMMER FOR CONGRESS							
	Organization, Affiliated Committee, Joint Fundraising Representat	tive or Leadership PAC Sponsor					
-	organization, Annuace Committee, Some Fundraising Representati	inve, or Leadership i Ao Sponsoi					
NONE							
Mailing Address							
	CITY STATE	E ZIP CODE					
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representation	entative Leadership PAC Sponsor					
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of th	ne person in possession of committee					
Full Name							
Mailing Address							
Title or Position	CITY STATE	ZIP CODE					
	Telephone number						
3. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commit assistant treasurer).	ttee; and the name and address of					
Full Name Jill Sawye	r Hatcher						
of Treasurer	13900 Cottontail Lane						
Mailing Address							
	Shannon Hills AR	72002					
	CITY STATE	ZIP CODE					
Title or Position Treasurer		501 - 838 - 1156					

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Mailing Address	Bank of the Ozarks 101 N Rodney Parham Rd Little Rock AR 172205	
	LIME ROCK AR 1/2205	
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
Mailing Address		
Mailing Address		