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March 11, 2010

VIA FEDEX - PRIORITY OVERNIGHT

Federal Election Commission 999 E. Street, N.W. Washington, DC 20463

Re: John Adams for Congress

To Whom It May Concern:

Please find enclosed an original and three copies of amended FEC Form 1- Statement of Organization on behalf of John Adams, changing the Treasurer and Custodian of Records to Alex Cone. I have enclosed a self addressed return envelope in the event a "Received" or "Filed" copy should be returned.

Please call with any questions.

Respectfully,

B.J. Walker

BJW/rfb Enclosures FEC FORM 1

Only

## STATEMENT OF ORGANIZATION

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TENTIAL CENTER,

2010 HAR 12 PM 2:01

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) JOHN ADAMS FOR CONGRESS COMMITTEE 323 CENTER STREET, ADDRESS (number and street) SULTE 1309 (Check if address is changed) 72201 LITTLE ROCK ĄR CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) john@votejohnadams.org | | (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) www.votejohnadams.org (Check if address is changed) 1 201 11 2010 DATE 3. FEC IDENTIFICATION NUMBER OR IS THIS STATEMENT NEW (N) X 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. ALEX CONE Type or Print Name of Treasurer 03 11 2010 Signature of Treasurer Date C 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 02/2009) Toll Free 800-424-9530

Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)					Page 2	
	COMMITTEE e Committee:						
(a) X	This committee is a p	rincipal campaig	n committee. (C	omplete the candida	ite information belor	w.)	
(p) 100 (p)	This committee is an information below.)	authorized comm	nittee, and is NO	OT a principal camp	algn committee. (Co	emplete the candidate	
Name of Candidate	J Q H N	ALD ALM	SIIII	<u> </u>	<del></del>	<u> </u>	
Candidate Party Affiliat	ion DEM	Office Sought:	X House	Senate	President	State A.F	
(c)	This committee support	rte/opposes only	one candidate	and in NOT on out	harizad aammittaa	District 02	
Name of Candidate			i				
Party Cor	nmittee:	***************************************					
(d)	This committee is a	Francisco Control of C	(National, Sta or subordinate	le a) committee of the	ini aga u tubor i i i	(Democratic, Republican, etc.) Part	
Political A	Action Committee (P		دواقل دروان والمتابقة بولويون هايوالاقوار	بالوسيسايات ويووو فطيبويها والطائد بالهاجة		terini (f. 84 kolitikaskaskaskaskaskaskaskaskaskaskaskaskask	
(e)	•	•	ed fund. (Identif	connected organize	ation on line 6.) Its o	onnected organization is	
	Corporation		- Cor	poration w/o Capita	l Stock	Labor Organization	
	Membership (	)raanization		de Association		Cooperative	
						Осорывшие	
(f) (m <sup>2</sup> )	.,,,,,	tion, this committ	•	-	in NOT a second		
(1)	committee. (i.e., nonconnected committee)						
	***	committee is a L	.obbyist/Registra	nt PAC.			
	in addition, this	committee is a L	eadership PAC.	(Identify sponsor on	line 6.)		
loint Eur	draising Representa		and the second second second second			Instance and .	
(g)	This committee collects		evs fundraisino e	xpenses and disbur	ses net proceeds for	two or more political	
18/	committees/organization	ns, at least one o	of which is an au	horized committee o	f a federal candidate	e.	
h)	This committee collects committees/organization					two or more political	
Con	nmittees Participating i	n Joint Fundra	ilser				
1.				FEC II	number C		
2.	1111111		1 1 1 ! !	FEC II	O number C		
		. i		: :     FFC	O number C	•	
3.				Lillian Fee II	J HUITING C		
4.				FEC IC	number C		

1	FEC Form 1 (Revised 02/2009) Page 3									
Write or Type Committee Name										
JOHN ADAMS FOR CONGRESS COMMITTEE										
6.	6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor									
1										
L	<u> </u>	<u> </u>								
	Mailing Address		<u>illll</u>							
			1 ! ! ! ! !							
		CITY STATE	ZIP CODE							
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	dership PAC Sponsor							
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in pos	session of committee							
	Full Name ALEX C									
	Mailing Address 323 CENTER STREET   ; ;       ;									
	SUITE 1309;									
		LITTLE ROCK : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	Title or Position	CITY STATE	ZIP CODE							
	CUSTODIAN	Telephone number 501, - 2	44  -   0055							
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of							
i	Full Name of Treasurer ALEX	ÇONE, , , , , , , , , , , , , , , , , , ,	<u></u>							
ļ	Mailing Address	323; CENTER, STREET,	<u> </u>							
		SUITE 1309								
j		LITTLE ROCK AR 72201								
	Title or Position		ZIP CODE 4							

FEC Form	1 (Revised 02/2009)	Page	4				
Full Name of Designated Agent							
Mailing Address	Liliani	STATE ZIP CODE	 				
Title or Position		one number					
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.							
Mailing Address	RIVERSIDE BANK: 1001 WEST MARKHAM, STREET						
	LITTLE ROCK, , , , , , , ,	AR 72201: -					
	CITY	STATE ZIP CODE					
Name of Bank, I	Depository, etc.						
Malling Address			1.1.				
		با-لنننا ليا لب					
	CITY	STATE ZIP CODE					

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