FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. A Stronger America PAC 121 W Champions Blvd ADDRESS (number and street) (Check if address is changed) Rogers AR 72758 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address asa@ahlawgroup.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00839688 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Hutchinson, Asa,, Date 03 19 2024 Signature of Treasurer Hutchinson, Asa, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	mittee. (Complete the candidate
Name of Candidate ''''''' ''''''''''''''''''''''''''''	
Candidate Office House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	
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.	Cooperative
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)	separate segregated 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.)
(g) This committee is an independent expenditure-only political committee (Super PAC)).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fee	•
(j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal ca	
Committees Participating in Joint Fundraiser	
1.	C

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٧	Vrite or Type Committee Name		_
	A Stronger Amer	ica PAC	
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	TEAM ASA, INC.		
	Mailing Address	3511 SE J STREET	
		NUM 2311	
		BENTONVILLE	[72712
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Represen	tative Leadership PAC Sponso
<u>.</u>	Custodian of Records: Identi	y by name, address (phone number optional) and position of the perso	on in possession of committee
	I listabila a a a	A	
	Hutchinson Full Name	Asa, , ,	
	Mailing Address	121 W Champions Blvd	
		Rogers , AR ,	, 72758
		Rogers AR	12/36
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	404 - 474 - 7226
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee ssistant treasurer).	e; and the name and address of
	Full Name Hutchinson	Asa, , ,	ı
	of Treasurer		
	Mailing Address	121 W Champions Blvd	
		Rogers	72758
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	404 - 474 - 7226

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Full Name of Designated Agent Mailing Address	Blevins, Stephanie, , , 3221 Eden Dr Springdale	AR	72762
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Asst Treasurer	Telephone r	number	
	Depositories: List all banks or other depositories in which the common xes or maintains funds.	nittee deposits f	unds, holds accounts, rents
Name of Bank, D	Depository, etc.		
Mailing Address	SERVISFIRST BANK 300 GALLERIA PARKWAY SE SUITE 100		
	ATLANTA	GA	30339
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
	Arvest Bank		
Mailing Address	4201 S JB Hunt Dr		
	Rogers	AR	72758
	CITY ▲	STATE ▲	ZIP CODE ▲

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponso
HUTCHINSON, W.	ASA,,,		
Mailing Address	121 W. CHAMPIONS BLVD.		
	ROGERS	AR	72227
Relationship:	CITY A	STATE A	ZIP CODE A
		Fundraising Representa	
	y by name, address (phone number – optional)		
Designated Agent: Identify			
Designated Agent: Identify Full Name			
Designated Agent: Identify Full Name			
Designated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Identify Full Name	y by name, address (phone number – optional) CITY	1	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY	elephone Number	
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	elephone Number	
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	elephone Number	
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors of Banks, Agents, Agents, Agents of Bank,	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which saintains funds.	elephone Number	
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which saintains funds.	the committee deposit	
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which saintains funds.	the committee deposit	