FEC FORM 1	STATEME ORGANIZ	_	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
			1MITTEE
ADDRESS (number and street)	8401 McClure Dr		
Check if address			
is changed)	FORT SMITH CITY ▲		AR 72916 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	RESS		
(Check if address is changed)	mjohns@arcb.com		
	Optional Second E-Mail Ad mbeasley@arcb.com	dress	
COMMITTEE'S WEB PAGE			
2. DATE 09 /	14 / Y Y Y Y 2023		
3. FEC IDENTIFICATION	NUMBER ► C C	00193383	
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 Trease	urer Beasley, John, Matthew, ,		
Signature of Treasurer B	easley, John, Matthew, ,		Date 09 / 14 / 2023
NOTE: Submission of false, en		may subject the person signing	this Statement to the penalties of 52 U.S.C. §3010 WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

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09/14/2023 11 : 09

FEC Form 1 (Revised 03/2022)	Page 2
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. (Complein information below.)	ete the candidate
Name of Candidate	<u> </u>
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State (Demonstrate) (d) This committee is a or subordinate) committee of the Repub	ocratic, lican, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	
X Corporation Corporation w/o Capital Stock	bor Organization
Membership Organization Trade Association Co	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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	rid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) 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.
 (j) 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
 2.

FEC Form 1	(Revised	02/2009)

Page 3

Write or Type Committee Name

ARCBEST CORPORATION POLITICAL ACTION COMMITTEE

6.	Name of Any Connected O	ganization, Affiliated Co	ommittee, Jo	int F	undra	ising	Repre	esentat	tive, c	r Lead	ership	PAC	Spon	sor	
				CC	MM		E								
	Mailing Address	8401 McClure Dr													
		FORT SMITH						AR		7291	6				
			CITY 🔺					STATE			ZIF	P COD	DE 🔺		
	Relationship: X Connected	Organization Affiliated	d Organization		Join	t Fund	raising	Repres	sentati	ve	Lead	dership	PAC	Spons	sor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Beasley, J	ohn, Matthew, ,				
Full Name					
Mailing Address	8401 McClure Dr				
	Fort Smith			AR 72916	
		CITY 🔺		STATE 🔺	ZIP CODE
Title or Position ▼					
Assistant Treasurer			Telephone num	hber 479 –	785 6000

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	Johns, Michael, R., ,
Mailing Address	8401 McClure Dr
	Fort Smith AR 72916
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 479 785 6000

FEC Form 1 (Revised 02/

Full Name of Designated Agent	Beasley, John, Matthew, ,	
5		-
Mailing Address		
	Fort Smith AR 72916	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position		
Assistant Treasur	r 	

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.

	First National Bank of Fort Smith		
Mailing Address	602 Garrison Avenue		
	Fort Smith	AR 72902	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE