

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

The Campaign to Elect Jody Shackelford

ADDRESS (number and street) 58 Isleta Dr.

(Check if address is changed)

Cherokee Village CITY ▲ AR STATE ▲ 72529 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

jshackelfor@ualr.edu

Optional Second E-Mail Address

jshackelfor@ualr.edu

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

https://electjody.com

2. DATE 02 / 02 / 2022

3. FEC IDENTIFICATION NUMBER C C00803635

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 Treasurer Shackelford, Crystal, , , Shackelfor

Signature of Treasurer Shackelford, Crystal, , , Shackelfor [Electronically Filed] Date 02 / 02 / 2022

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.

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. (Complete the candidate information below.)

Name of Candidate Shackelford, Jody, , ,

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  AR District  01

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

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.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  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.
- (h)  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

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# The Campaign to Elect Jody Shackelford

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name Shackelford, Crystal, , , Shackelfor

Mailing Address 58 Isleta Dr.

Cherokee Village

AR

72529

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 870 - 955 - 0560

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 Shackelford, Crystal, , , Shackelfor

Mailing Address 58 Isleta Dr.

Cherokee Village

AR

72529

Title or Position

CITY

STATE

ZIP CODE

Telephone number 870 - 955 - 0560

Full Name of Designated Agent | McGinnis, DeAnna, , ,

Mailing Address | 101 Church St  
|  
| Hardy | AR | 72542 |  
| CITY STATE ZIP CODE

Title or Position | Alternate Treasurer | Telephone number | 870 | 373 | 2842

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.

Centennial Bank

Mailing Address | 1927 US-62  
|  
| Highland | AR | 72542 |  
| CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address |  
|  
| CITY STATE ZIP CODE