

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE
10 MAR 12 AM 10:57

Office Use Only

1. NAME OF
COMMITTEE (In full)

☐ (Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

DC Morrison for US Senate, Committee
67 Solagne Circle

ADDRESS (number and street)

☐ (Check if address
is changed)

Little Rock

AR

72223

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address
is changed)

dcMorrison@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address
is changed)

2. DATE

3 / 4 / 2010

3. FEC IDENTIFICATION NUMBER

C

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

DC Morrison

Signature of Treasurer

DC Morrison

Date

3 / 4 / 2010

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
Use
Only

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

FEC FORM 1
(Revised 02/2009)

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

D C Morrison

Candidate Party Affiliation

Democrat

Office Sought:



House



Senate



President

State

District

- (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 | ☐ |
| 2. | ☐ | FEC ID number | ☐ |
| 3. | ☐ | FEC ID number | ☐ |
| 4. | ☐ | FEC ID number | ☐ |

10020174687

Write or Type Committee Name

DC Morrison for US Senate, Committee

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

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

Arieta Power

Mailing Address

8 Bella ViewLittle RockLittle RockAR72212

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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 TreasurerArieta PowerAsst Treasurer

Mailing Address

8 Bella ViewLittle RockAR72212

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

501-227-0055

10020174088

Full Name of
Designated
Agent

Debbie Mannison

Mailing Address

67 Solange Circle

Little Rock

CITY

AR

STATE

72223

ZIP CODE

Title or Position

Manager

Telephone number

501 - 821 - 3025

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.

Arvest Bank

Mailing Address

PO Box 799

Lowell

CITY

AR

STATE

72745

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

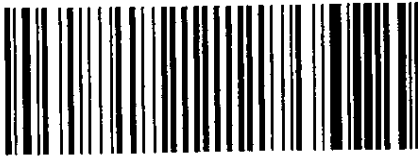
CITY

STATE

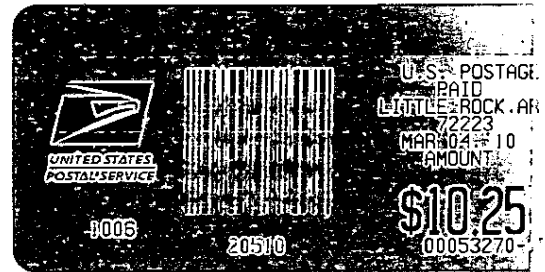
ZIP CODE

10020174000

CERTIFIED MAIL™



7009 3410 0000 0110 7085



Post Office

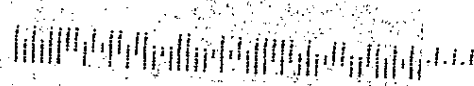
U. S. SENATE
TRACKING NUMBER



06-063214

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510-7116

Post Office



0647163001
10020174690

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

03-04-10

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

☐

UPS _____

☐

DHL _____

☐

AIRBORNE EXPRESS _____

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

PREPARER

RD

DATE PREPARED

03-12-10

10020174691

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