



ARKANSAS NEW PROGRESSIVES

RECEIVED
FEC MAIL CENTER
2015 AUG 19 AM 8:44

Mark Holland,
Treasurer

37 North Meadowcliff Dr.
Little Rock, Arkansas 72209
501-519-8608
arknewprogressives@gmail.com

August 13, 2015

VIA U.S. MAIL

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

Re: *Response to FEC's Request for Additional Information;
Filing Amended Statement of Organization*

Dear Sir or Madam:

Please find enclosed for immediate filing an Amended Statement of Organization for the Arkansas New Progressives candidate committee in response to the Federal Election Commission's ("FEC") enclosed letter dated August 4, 2015 requesting additional information.

Please feel free to contact me for any additional details.

Sincerely,

Mark Holland
Treasurer

NOTHING TO REPORT ON ORGANIZATION



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-1

August 4, 2015

MARK ROBERT HOLLAND, TREASURER
ARKANSAS NEW PROGRESSIVES
37 NORTH MEADOWCLIFF DRIVE
LITTLE ROCK, AR 72209

Response Due Date

09/08/2015

IDENTIFICATION NUMBER: C00581306

REFERENCE: STATEMENT OF ORGANIZATION

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 1 item(s):

- Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance on affiliated committees and connected organizations, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please indicate their names, addresses, and relationships on Line 6. (11 CFR §102.2)

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll free number (800) 424-9530 (at the prompt press 5 to reach the

201508040300001595

ARKANSAS NEW PROGRESSIVES

Page 2 of 2

Reports Analysis Division) or my local number (202) 694-1164.

Sincerely,



Nicole Miller
Sr. Campaign Finance & Reviewing Analyst
Reports Analysis Division

317

0111101-0000 : 1101 : 1011 : 000 : 1111-011

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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2015 AUG 14 10:44 AM

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Arkansas New Progressives

ADDRESS (number and street)

37 North meadowcliff Drive

(Check if address is changed)

Little Rock

CITY ▲

AR

STATE ▲

72209

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

arknewprogressives@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

07 / 05 / 2015

3. FEC IDENTIFICATION NUMBER ▶

C00581306

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

Mark Holland

Signature of Treasurer

Mark Holland

Date

08 / 13 / 2015

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 Use Only

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

FEC FORM 1
(Revised 06/2012)

NON-PROFIT ORGANIZATION

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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

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

Name of Candidate Bernie Sanders

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 _____

NON-REPRODUCTION

Write or Type Committee Name

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

Mark Robert Holland

Mailing Address

37 North Meadowcliff Drive

Little Rock

AR

72209

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

501-519-8608

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

Mark Robert Holland

Mailing Address

37 North Meadowcliff Drive

Little Rock

AR

72209

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

501-519-8608

DOWN-WO-BOO-LINE-CO-UT-ION

Full Name of Designated Agent

Erin Marie Holland

Mailing Address

37 North Meadowcliff Drive

[Empty address line]

Little Rock

AR

72209

CITY

STATE

ZIP CODE

Title or Position

Agent

Telephone number

501-519-8606

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.

Simmons First National Bank

Mailing Address

425 West Capitol Avenue

[Empty address line]

Little Rock

AR

72201

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty name line]

Mailing Address

[Empty address line]

[Empty address line]

[Empty address line]

CITY

STATE

ZIP CODE

NON-FUNCTIONAL INFORMATION

1-5-101-000 1ND 101 100 101-0N

FIRST-CLASS MAIL

Hasler

08/13/2015

US POSTAGE

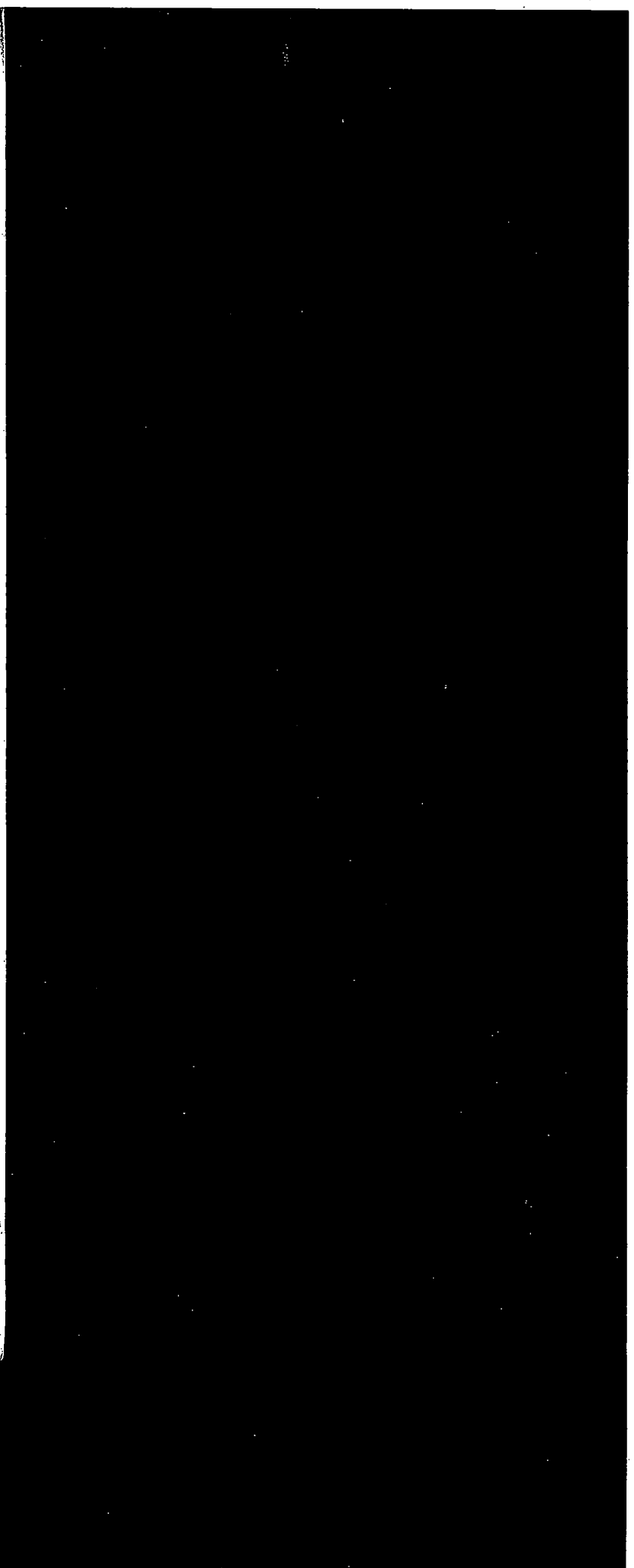
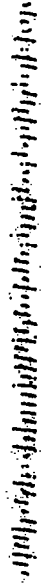
\$00.70⁵



ZIP 72201
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RECEIVED
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2015 AUG 19 AM 8:43

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



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt	
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>08-13-15</i>	Date of Receipt <i>08-19-15</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	
<input type="checkbox"/> USPS Priority Mail	Postmarked	
<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	
	Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt	
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	



PREPARER

08-19-15
DATE PREPARED

(3/2015)

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