FEC MAIL CENTER 2015 JUL 15 AM 10: 41

ARKANSAS NEW PROGRESSIVES

37 N. Meadowcliff Dr. Little Rock, AR 72209 (646) 812-4177 berniesanderslr@gmail.com

July 14, 2015

VIA U.S. MAIL

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

Re: Filing Statement of Organization

Dear Sir or Madam:

Please find enclosed for immediate filing the Statement of Organization for the Arkansas New Progressives.

If you have any questions, please feel free to contact me.

Sincerely,

Mark Holland, Treasurer

Muck Adol

2015 - 07 - 15 - 08 - 00008762

FEC FORM 1

STATEMENT OF ORGANIZATION

FEC MAIL CENTER
2015 JUL 15 AM 10: 41

NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) IA, r. k. a. n. s. a. s. . N. e. w. . P. r. o. g. r. e. s. s. i. v. e. s ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS berniesanders Iragmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) FEC IDENTIFICATION NUMBER ▶ IS THIS STATEMENT 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 Signature of Treasurer Date

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.

	ANY CHANGE IN INFO	JRMATION SHOULD BE REPORTED WITHIN 10 DAY	YS	_
Office Use		For further Information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 06/2012)	- I

Local 202-694-1100

F	EC For	m 1 (Revised 02/2009)	Page 2		
		OMMITTEE Committee:			
(a)	uldate 0	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. (Compinformation below.)	lete the candidate		
Name Cand					
Cand Party	idate Affiliatio	Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand		Bernie Sanders	111111		
Part	Party Committee:				
(d)			Democratic, Republican, etc.) Party.		
Polit	tical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected 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.)			
Join	t Fund	Iraising Representative:			
(g)	0	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political		
	Com	mittees Participating in Joint Fundraiser			
	1.	FEC ID number			
	2.		~ ~ ~ ~ ~		
	3.	FEC ID number	~~ · · · · · · · · · · · · · · · · · ·		
		1			

1	EEC Form 1 /Dorde-1	02/2000)	Page 3
	rite or Type Committee Name		Page 3
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
ı			
L			
	Mailing Address		
	-		
		CITY STATE ZII	CODE
	Relationship: Connecte	d Organization Affiliated Committee JJoint Fundraising Representative JLeade	rship PAC Sponsor
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
	,		
	Full Name Nat	k, Robert Holland	<u> </u>
	Mailing Address	13.7, North meadowalitt, Drive	<u></u>
		16;++1,e, Ro,ck; ,, ,, ,, ,, A,Ri 7,2,2,0	9 1 1
	Title or Position	CITY STATE ZIF	CODE
	Treasurer	Telephone number $\lfloor 6 \rfloor \backslash \lfloor 6 \rfloor - \lfloor 2 \rfloor \rfloor$	2-41,77
_	Transport List the control of	advance (above rumber and the transport of the committees and the game	and address of
8.	any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name of Treasurer	k, Robert Hollyand	
	Mailing Address	13.7, North meadowclinfit Drive	1
		Little Rock MR 7220	
	Title or Position		CODE
	TITICIAISIVIVIZIV	Telephone number 646-81	2-4177

	evised 02/2009)		Page 4
-			
Full Name of Designated Agent	in Marie Holland		
Mailing Address	37 North meadoucl	itt Dr	i ve
		 	
	Little Rock	MR	72209-
	CITY	STATE	ZIP CODE
Title or Position	Telepho	one number 3	1,51-16,5,71-13,1,6,6
. Banks or Other Depos safety deposit boxes or	sitories: List all banks or other depositories in which the or maintains funds.	committee deposits	funds, holds accounts, rents
Name of Bank, Deposit	tory, etc.		
; 21	Charle N. I.	1 0 1	
<u></u> ,	mmons, First, Nationa	il, Bank	
Mailing Address	5,6,0,1, S,0,v,t,L, U,n,i,v,e,r	il, Bank isity,	
			172,209-
	56,0,1, S,0,v,t,h, U,n,i,v,e,r	·s,i,t,y,	
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Mailing Address Name of Bank, Deposit	S601, S0vth, Univer	-s, i, t, y, , ,	72209-
Mailing Address Name of Bank, Deposit	S601, S0vth, Univer	-s, i, t, y, , ,	72209-

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