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FEC FORM 1

STATEMENT OF ORGANIZATION

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2009 APR 20 P 12: 43

Office Use Only

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	· · · · · · · · · · · · · · · · · · ·	
ARKANSAS R	GHT TO LI	FE POLITI	CAL AC	Tion C	MAT
				11111	
ADDRESS (number and street)	POBOX 1	697			
(Check if address				 	
is changed)	LITTLE RO	nck	AR	72203	1/697
		CITY	STATE	ZIP CO	DE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e	e-mail address)			
	ARTL42371	PATTINET		<u> </u>	
(Check if address is changed)			1 1 1 1 1 1		
				`	
COMMITTEE'S WEB PAGE ADI		. 0.0			1
(Check if address	WWW. ARTL.	OKG		1_1_1_1_1_1	<u>.ll. 1l</u>
: is changed)					
2. DATE 04 1	3 2009				
3. FEC IDENTIFICATION NO	JMBER C.	0208439			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	·)		
I certify that I have examined the	nis Statement and to the bes	t of my knowledge and belie	ef it is true, correc	t and complete.	
Type or Print Name of Treasure	Jacki S.	RAGAN			
Signature of Treasurer	Jackid.	Kagaw	Date 0	Ÿ′13′	Ž009

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			For further Information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)	
L	Only	 .	L	Local 202-694-1100	(

	FEC Fo	orm 1 (Revised 02/2009)	Page 2
-		COMMITTEE	
Can	didat	e Committee:	
(a)	-3	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 information below.)	e candidate
Name Cand	e of lidate		1.1.1.1.1.
	lidate Affiliat	No. 10 Control of the	te trict
(c)	; * ; *	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		1111
Pari	у Сог	mmittee:	
(d)	· ;	(National, State or subordinate) committee of the Republic	ratic, can, etc.) Party.
Poli	tical <i>A</i>	Action Committee (PAC):	· · ·
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a
		Corporation Corporation w/o Capital Stock Labor	Organization
		Membership Organization Trade Association Coope	erative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate	d 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	draising Representative:	
(g)	÷.	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Con	nmittees Participating in Joint Fundraiser	
	1.		, natur i ratan i G
	2.		leu fa i fe sult est en e desegne gesen e
	۷.	THE CONTRACT OF THE PROPERTY O	iliana iliani. Na arata iliani.
	3.	FEC ID number, C.	ing and in the second
	4.		

FEC FORM I (Revis	eu 02/2009)		raye 3
Write or Type Committee N	ame		
B. Name of Any Connect	ed Organization, Affiliated Committee, Jo	int Fundraising Representative,	or Leadership PAC Sponsor
ARKANSAS	RIBATI TO LIFE	Committee, 1	nellilli
Mailing Address	Pa Box 1697		
	LITTLE ROCK	IIII IAR	72203-1697
	CITY	STATE	ZIP CODE
Relationship: Conn	cted Organization Affiliated Committee	Joint Fundraising Representa	ative Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number	optional) and position of the p	erson in possession of committee
_			
Full Name K.O	S.E. minas		
Mailing Address	P.O. BOX 1697		1
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	LITTLE ROCK	LI AR	72203-1697
Title or Position	CITY	STATE	ZIP CODE
EXECUTIV	E DIRECTOR	Telephone number 5	01-663-4237
B. Treasurer: List the name any designated agent (e)	and address (phone number optional) og., assistant treasurer).	of the treasurer of the committee	; and the name and address of
Full Name of Treasurer	CKI S RAGAN		111111
Mailing Address	512 10 STRE	ET NW	1.
		<u> </u>	
	WASHINGTON L	STATE	ZOOO4 - 1.40
Title or Position	_		021-626-8827

9.

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Full Alama at					
Full Name of Designated Agent JAC	Ki S RAGAN				
Mailing Address	512 10 STREET NW				
		Illl			
	WASH INGTON	STATE	2:0004 - [:4:0] ZIP CODE		
Title or Position PAC TREAS	SURE A Telephone no	umber 2	02-626-8827		
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	P 0 BOX 2220				
	LITTLE ROCK	AR	72203		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository	, etc.				
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Mailing Address					
	CITY	STATE	ZIP CODE		

(3/2005)

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. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED