FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Chad Causey for Congress P.O. Box 16966 ADDRESS (number and street) (Check if address is changed) Jonesboro 72403 AR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cccausey@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.chadcauseyforcongress.com (Check if address is changed) DATE 01 2012 C00475384 FEC IDENTIFICATION NUMBER > 3. X 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. Causey Chad Causey Type or Print Name of Treasurer Causey Chad Causey [Electronically Filed] 07 2012 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

EE0 E	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	ray c Z
	te Committee:	
(a) X	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. (Comple information below.)	te the candidate
Name of Candidate	Causey Chad Causey	
Candidate Party Affilia	tion DEM Office Sought: X 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 Co	mmittee:	
(d)	· · · · · · · · · · · · · · · · · · ·	emocratic, publican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.)	cted organization is a:
	Corporation Corporation w/o Capital Stock L	abor Organization
		Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	ooporativo
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	in addition, this committee is a Leadership i Ac. (Identity sponsor of fine c.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
Cor	nmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.	FEC ID number	
A		

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Write or Type Committee I	Name	
Chad Causey	y for Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	nected 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	person in possession of committee
	stopher Chad Causey	
Full Name	P.O. Box 16966	
Mailing Address		
	Little Rock AR	72201
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	501 - 375 - 1100
Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee, e.g., assistant treasurer).	; and the name and address of
Full Name Cause of Treasurer	ey Christopher Chad Causey	
Mailing Address	P.O. Box 16966	
	Little Rock AR	72201
Title or Position	CITY STATE	ZIP CODE 501 375 1100
	Telephone number	

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc.	
-	Depository, etc.	
-	Depository, etc. Liberty Bank	
Name of Bank,	Depository, etc. Liberty Bank 2901 E. Highland	
Name of Bank,	Depository, etc. Liberty Bank	1
Name of Bank,	Depository, etc. Liberty Bank 2901 E. Highland	ZIP CODE
Name of Bank,	Depository, etc. Liberty Bank 2901 E. Highland Jonesboro AR 72401 CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Liberty Bank 2901 E. Highland Jonesboro AR 72401 CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Liberty Bank 2901 E. Highland Jonesboro AR 72401 CITY STATE	
Name of Bank, Mailing Address	Depository, etc. Liberty Bank 2901 E. Highland Jonesboro CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Liberty Bank 2901 E. Highland Jonesboro CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Liberty Bank 2901 E. Highland Jonesboro CITY STATE Depository, etc.	