

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

MARVIN PARKS FOR CONGRESS

ADDRESS (Home and street)

P.O. BOX 2917

(Check if address is changed)

LITTLE ROCK

AR

72203

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

brad@marvinparks.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.marvinparks.com

COMMITTEE'S FAX NUMBER

501-374-2572

2. DATE M M / D D / Y Y Y Y
05 / 16 / 2003

3. FEC IDENTIFICATION NUMBER C C00391284

4. IS THIS STATEMENT NEW (N) OR X 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 KATHY M. BRENTS, CPA, P.A.

Signature of Treasurer Electronically Filed by KATHY M. BRENTS, CPA, P.A.

Date 07 / 15 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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

MARVIN PARKS

Candidate

REP

Office
Sought:☒

House

Senate

President

State

AR

District

02

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

Name of
Candidate

(d)

This committee is a

(National, State
(or subordinate) committee of the(Democratic,
Republican, etc.) Party.

(e)

This committee is a separate segregated fund

(f)

This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

 _____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

MARVIN PARKS FOR CONGRESS

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 KATHY M. BRENTS, CPA, P.A.

Mailing Address 1217 FRONT STREET

CONWAY AR 72032 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 501 - 327 - 2000

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 KATHY M. BRENTS, CPA, P.A.

Mailing Address 1217 FRONT STREET

CONWAY AR 72032 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CPA Telephone number 501 - 327 - 2000

Full Name of Designated Agent LARRY TATE

Mailing Address 5425 RIDGEFIELD LANE

LITTLE ROCK AR 72223 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER Telephone number - -

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

P.O. BOX 2220

LITTLE ROCK

AR

72203

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CITY ▲

STATE ▲

ZIP CODE ▲