

RECEIVED  
FEDERAL MAIL  
OPERATIONS CENTER

2004 JAN 14 A 9 12  
Date Use Only

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

1. NAME OF  
COMMITTEE (to file)

(Check if name  
is changed)

Example: If typing, type  
over the lines

12FR4MS

WHOLESALE BEER DISTRIBUTORS OF ARIZONA, INC - PAC

ADDRESS (number and street)

PO BOX 3477

(Check if address  
is changed)

LITTLE ROCK

AR

72203-3477

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

\_\_\_\_\_

COMMITTEE'S WEB PAGE ADDRESS (URL)

\_\_\_\_\_

COMMITTEE'S FAX NUMBER

\_\_\_\_\_

2. DATE 01 08 2004

3. FEC IDENTIFICATION NUMBER ▶

000266031

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

NICK PIERCE

Signature of Treasurer

*Nick Pierce*

Date

01 08 2004

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  
Only

For further information contact:  
Federal Election Commission  
P.O. Box 860-424-8830  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

6. 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 \_\_\_\_\_

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 \_\_\_\_\_

- (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.

8. Name of Any Connected Organization or Affiliated Committee

WHOLESALE BEER DISTRIBUTORS OF ARKANSAS, INC.

Mailing Address

P.O. BOX 3477

LITTLE ROCK

AA

72203-3477

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Membership Organization
- Competition w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Name or Type Committee Name

Wholesale Beer Distributors of Arkansas Inc. - FAC

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 MICHELE LAMONICA-SHIREY

Mailing Address P.O. Box 3417

LITTLE ROCK AR 72203-3417

Title or Position CITY STATE ZIP CODE

OFFICE MANAGER Telephone number 501-375-9232

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 Nick Pierce

Mailing Address P.O. Box 3842

LITTLE ROCK AR 72203-3842

Title or Position CITY STATE ZIP CODE

PRESIDENT Telephone number 501-372-0185

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

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 1583

LITTLE ROCK

AR

72203-1583

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has 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"/> First Class Mail	POSTMARKED <i>1-8-04</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>AS</i>	<i>1-14-04</i>
PREPARER	DATE PREPARED