

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [ ] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
ARKANSAS FOR LEADERSHIP POLITICAL ACTION COMMITTEE (ARKPAC)

ADDRESS (number and street) PO BOX 1672
[ ] (Check if address is changed)
ALEXANDRIA VA 22313
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
[ ] (Check if address is changed) dmarley77@gmail.com
Optional Second E-Mail Address tim@kochandhoos.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
[ ] (Check if address is changed) www.arkpac.com

2. DATE 12 / 08 / 2020

3. FEC IDENTIFICATION NUMBER C C00413948

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 MARLEY, HARRY, D., , JR.

Signature of Treasurer MARLEY, HARRY, D., , JR. [Electronically Filed] Date 12 / 08 / 2020

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.

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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 \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

ARKANSAS FOR LEADERSHIP POLITICAL ACTION COMMITTEE (ARKPAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

BOOZMAN, SEN. JOHN, , ,

Mailing Address

PO BOX 671

ROGERS

AR

72757

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

KOCH, TIMOTHY, A., ,

Mailing Address

901 N WASHINGTON ST, STE 700

ALEXANDRIA

VA

22314

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number

703

299

8571

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

MARLEY, HARRY, D., , JR.

Mailing Address

15602 PUTNAM RD

ROGERS

AR

72756

CITY

STATE

ZIP CODE

Title or Position  
TREASURER

Telephone number

479

462

8255

Full Name of Designated Agent KOCH, TIMOTHY, A., ,  
 Mailing Address 901 N WASHINGTON ST, STE 700  
 ALEXANDRIA VA 22314  
 CITY STATE ZIP CODE  
 Title or Position ASSISTANT TREASURER  
 Telephone number 703 - 299 - 8571

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.

WELLS FARGO

Mailing Address 330 N WASHINGTON ST  
 ALEXANDRIA VA 22314  
 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

ARVEST BANK

Mailing Address 5201 VILLAGE PARKWAY  
 ROGERS AR 72757  
 CITY STATE ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

MONDAY MEETING PAC

Mailing Address

-

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization
  Affiliated Committee
  Joint Fundraising Representative
  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

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.

Mailing Address

-

CITY ▲ STATE ▲ ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundraising Participant:

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3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

BOOZMAN VICTORY 2022

Mailing Address   
  
   -

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

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.

Mailing Address   
  
   -

CITY ▲ STATE ▲ ZIP CODE ▲