Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) ARKANSAS FOR LEADERSHIP POLITICAL ACTION COMMITTEE (ARKPAC) PO BOX 1672 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dmarley77@gmail.com (Check if address is changed) Optional Second E-Mail Address tim@kochandhoos.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.arkpac.com (Check if address is changed) DATE 08 2020 C00413948 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. MARLEY, HARRY, D., , JR. Type or Print Name of Treasurer MARLEY, HARRY, D., , JR. [Electronically Filed] 12 08 2020 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

Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint F	undraising 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.	vo 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.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FFO Forms 4 (Positional O	2/2000)			David 2
FEC Form 1 (Revised 0	2/2009)			Page 3
Write or Type Committee Name		ICAL ACTION		
	LEADERSHIP POLIT			
6. Name of Any Connected O	rganization, Affiliated Committee, Jo	oint Fundraising Represe	entative, or Leader	ship PAC Sponsor
BOOZMAN, SEN. JOH	IN, , , 			
Mailing Address	PO BOX 671			
	ROGERS		AR 72757	. 1_1 1
	CITY	<u> </u>	TATE	ZIP CODE
	J		.,	2 0052
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Re	presentative x Le	eadership PAC Sponsor
 Custodian of Records: Iden books and records. 	ify by name, address (phone number	optional) and position	of the person in po	ossession of committee
, KOCH, TIN	IOTHY, A., ,			
Full Name	901 N WASHINGTON ST, STE 700			
Mailing Address	90110 WASHING TON 31, 312 700			
	ALEXANDRIA		VA 22314	
Title or Position	CITY	ST	ATE	ZIP CODE
ASSISTANT TREASURER		Telephone number	703	299 8571
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) ssistant treasurer).	of the treasurer of the cor	mmittee; and the n	ame and address of
	IARRY, D., , JR.			1
of Treasurer	45000 DUTNAM 22			
Mailing Address	15602 PUTNAM RD			
	<u> </u>			
	ROGERS		AR 72756	[-] [
	CITY	STA	ATE	ZIP CODE
Title or Position TREASURER		Telephone number	<u> 479</u>	462 - 8255

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Full Name of Designated	KOCH, TIMOTHY, A., ,	
Agent	OOA N WASHINGTON ST. STE 700	
Mailing Address	901 N WASHINGTON ST, STE 700	
	ALEXANDRIA	VA 22314
	CITY S1	TATE ZIP CODE
Title or Position ASSISTANT TF	REASURER Telephone numbe	er 703 – 299 – 8571
Ranks or Other		danceite funde holde accounte ronte
safety deposit be	r Depositories: List all banks or other depositories in which the committee oxes or maintains funds.	deposits funds, floids accounts, refits
safety deposit be Name of Bank,	oxes or maintains funds.	ueposits furius, floius accounts, ferits
safety deposit be	oxes or maintains funds.	
safety deposit be	Depository, etc. WELLS FARGO ,330 N WASHINGTON ST	Legosits funds, floids accounts, fents
safety deposit be Name of Bank,	Depository, etc. WELLS FARGO ,330 N WASHINGTON ST	deposits funds, floids accounts, fents
safety deposit be Name of Bank,	Depository, etc. WELLS FARGO ,330 N WASHINGTON ST	VA
safety deposit be Name of Bank,	Depository, etc. WELLS FARGO 330 N WASHINGTON ST ALEXANDRIA	
safety deposit be Name of Bank,	Depository, etc. WELLS FARGO 330 N WASHINGTON ST ALEXANDRIA CITY S	VA 22314 -
safety deposit be Name of Bank, Mailing Address	Depository, etc. WELLS FARGO 330 N WASHINGTON ST ALEXANDRIA CITY S	VA 22314 -
safety deposit be Name of Bank, Mailing Address	Depository, etc. WELLS FARGO 330 N WASHINGTON ST ALEXANDRIA CITY ST Depository, etc.	VA 22314 -
safety deposit be Name of Bank, Mailing Address	Depository, etc. WELLS FARGO 330 N WASHINGTON ST ALEXANDRIA CITY Depository, etc. ARVEST BANK 5201 VILLAGE PARKWAY	VA 22314 -
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. WELLS FARGO 330 N WASHINGTON ST ALEXANDRIA CITY Depository, etc. ARVEST BANK 5201 VILLAGE PARKWAY	VA 22314 -
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. WELLS FARGO 330 N WASHINGTON ST ALEXANDRIA CITY Depository, etc. ARVEST BANK 5201 VILLAGE PARKWAY	VA 22314 -

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

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5(g) o	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number C	
	2.		FEC ID number	
	3		FEC ID number C	
	4.		FEC ID number C	
6.	Name of Any Connected MONDAY MEETIN	Organization, Affiliated Committee, Joint Fundrai	sing Representative, or Lead	dership PAC Sponsor
	Mailing Address	228 S. WASHINGTON STREET		
		ALEXANDRIA	VA 223	14
	Relationship:	CITY ▲	L L STATE ▲	ZIP CODE A
	Connected	Organization Affiliated Committee	undraising Representative	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	phone Number	
	safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds. OF AMERICA	e committee deposits funds, I	nolds accounts, rents
	Mailing Address	600 N WASHINGTON ST		
	<u>9</u> - 1341-555			
		ALEXANDRIA	VA 2231	4
		CITY A	STATE ▲	ZIP CODE ▲

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
BOOZMAN VICT	Organization, Affiliated Committee, Joint Fund ORY 2022	iraising Representative	e, or Leadership PAC Spons
Mailing Address	901 N WASHINGTON ST		
	SUITE 700		
	ALEXANDRIA	VA	22314
		STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	nt Fundraising Representa	Leadership PAC Sp
Connecte	ed Organization Affiliated Committee		Leadership PAC Sp
Connecte	ed Organization Affiliated Committee		Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee		Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee y Join fy by name, address (phone number – optional)	nt Fundraising Representa	
esignated Agent: Identi	Affiliated Committee Affiliated Committee Join Ty by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Join Ty by name, address (phone number – optional) CITY	nt Fundraising Representa	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Typical Distriction Aff	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Affiliated Committee Typical Distriction Affiliated Committee Typical Committee Ty	STATE A	ZIP CODE A