## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Party of Arkansas 1300 West Capitol Ave ADDRESS (number and street) (Check if address is changed) Little Rock 72201 AR CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS pwhough@politicalcfos.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.arkdems.org (Check if address is changed) DATE 2023 C00024372 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. Gaines, Brenita, Darlene, , Type or Print Name of Treasurer Gaines, Brenita, Darlene, , [Electronically Filed] 02 07 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Only

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
. 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 principa information below.)	I campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Sought: House	Senate President 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 STA (National, State or subordinate) committee of	the DEM (Democratic, Republican, etc.) Party
or daporalitately definitiated of	Tropusiouri, etc., Furty
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 Ca	apital 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 committee. (i.e., nonconnected committee)	e, and is NOT a separate segregated 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 )
_	
(g) This committee is an independent expenditure-only political commit	πee (Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and	non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	nd dishurasa nat pragada far tug ar mara political
(i) This committee collects contributions, pays fundraising expenses a committees/organizations, at least one of which is an authorized committees.	·
(j) This committee collects contributions, pays fundraising expenses a committees/organizations, none of which is an authorized committee	·
Committees Participating in Joint Fundraiser	
1.	C

	FEC Form 1 (Revised	02/2009)	Page <b>3</b>
Wri	ite or Type Committee Name	9	
	Democratic Pa	arty of Arkansas	
	=	Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leadership PAC Sponsor
ı	Dollars for Democra	ats	
L			
ı	Mailing Address	430 S Capitol St SE	
	-	Suite 300	
		Washington	DC 20003
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
1	Relationship: Connected	d Organization	presentative Leadership PAC Sponso
		- Institution of garmenton with the country and the	20000 A SPONSO
	Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the	e person in possession of committee
	-, Political	CFOs, Inc., , ,	
ſ	Full Name		
I	Mailing Address	3000 Airport Dr., #204	
		Erie   C	CO     80516
	Title or Position ▼	CITY ▲ STA	ATE ▲ ZIP CODE ▲
			. 702 540 7026
	CFO	Telephone number	703 - 549 - 7236
	Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the corassistant treasurer).	nmittee; and the name and address of
ļ	Full Name Gaines, B	renita, Darlene, ,	
(	of Treasurer		
ļ	Mailing Address	1300 West Capitol Avenue	
		Little Rock	AR     72201     -
-	Title or Position <b>▼</b>		AR

FEC Form 1 (Revised	d 02/2009)		Page <b>4</b>
Full Name of Designated Agent	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Depositorsafety deposit boxes or ma	ories: List all banks or other depositories in vaintains funds.	which the committee deposits fur	nds, holds accounts, rents
Name of Bank, Depository	, etc.		
Simm	on's First National Bank		
Mailing Address	100 Morgan Keegan Dr		
	Suite 410		
	Little Rock	AR	72202
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository	, etc.		
Amalo	gamated Bank		
Mailing Address	275 Seventh Avenue		
	New York	NY NY	10011
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
	of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
N	Mailing Address	430 S Capitol St SE		
		Washington	DC	20003
F	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Organization Affiliated Committee X Joint F	undraising Representa	ative Leadership PAC Sponsor
B. <b>Desig</b> r	nated Agent: Identify	by name, address (phone number - optional)		
	nated Agent: Identify	by name, address (phone number – optional)		
Ful		by name, address (phone number – optional)		
Ful	II Name	by name, address (phone number – optional)		
Ful	II Name	by name, address (phone number – optional)		
Ful Ma	II Name	CITY A	STATE A	ZIP CODE A
Ful Ma	Il Name	CITY A	STATE A	ZIP CODE <b>A</b>
Ful Ma	II Name	CITY   CITY   Tele  es: List all banks or other depositories in which th	phone Number	
Ful Ma  TI  Banks safety  Name Deposi	or Other Depositori deposit boxes or main of Bank, story, etc.	CITY   CITY   Tele  es: List all banks or other depositories in which th	phone Number	
Ful Ma  TI  Banks safety  Name Deposi	Il Name  ailing Address  ITLE OR POSITION TO THE OR POSITION TO THE DEPOSITION TO THE DEPOSITI	CITY   CITY   Tele  es: List all banks or other depositories in which th	phone Number	
Ful Ma  TI  Banks safety  Name Deposi	or Other Depositori deposit boxes or main of Bank, story, etc.	CITY   CITY   Tele  es: List all banks or other depositories in which th	phone Number	

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

Page \_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundraisi</b>	•		
1.		FEC ID numb	per C
2		FEC ID numb	per C
3.		FEC ID numb	er C
4.		FEC ID numb	per C
		<del>_</del>	
Name of Any Connected	l Organization, Affiliated Committee, Joint F	undraising Represent	ative, or Leadership PAC Spons
Democratic Gras	sroots Victory Fund		
Mailing Address	430 South Capitol St SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE	ZIP CODE ▲
	ed Organization Affiliated Committee	Joint Fundraising Repres	sentative Leadership PAC Spo
			sentative Leadership PAC Spo
Designated Agent: Identi			Sentative Leadership PAC Spo
Designated Agent: Identi			Sentative Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – options		
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – options	al) STATE	
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – options	al)	
Pesignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – options  CITY   CITY   pries: List all banks or other depositories in w	STATE Telephone Number	ZIP CODE A
Designated Agent: Identi  Full Name	fy by name, address (phone number – options  CITY   CITY   pries: List all banks or other depositories in w	STATE Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – options  CITY   CITY   pries: List all banks or other depositories in waintains funds.	STATE  Telephone Number  thich the committee dep	ZIP CODE A
Pesignated Agent: Identify Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit bases or many deposit boxes or many deposit boxes or many deposit boxes or many deposit boxes.	fy by name, address (phone number – options  CITY   CITY   pries: List all banks or other depositories in waintains funds.	STATE  Telephone Number  thich the committee dep	ZIP CODE A  Dosits funds, holds accounts, rents
Pesignated Agent: Identify Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or management of Bank, Depository, etc.	fy by name, address (phone number – options  CITY   CITY   pries: List all banks or other depositories in waintains funds.	STATE  Telephone Number  thich the committee dep	ZIP CODE A  Dosits funds, holds accounts, rents
Pesignated Agent: Identify Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or management of Bank, Depository, etc.	fy by name, address (phone number – options  CITY   CITY   ories: List all banks or other depositories in water address (phone number – options)  ories: List all banks or other depositories in water address (phone number – options)	STATE  Telephone Number  thich the committee dep	ZIP CODE A  Dosits funds, holds accounts, rents

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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	C
4.		FEC ID number	C
Name of Any Connected	d Organization, Affiliated Committee, Joint F	undraising Representative	e, or Leadership PAC Spons
Mailing Address	430 SOUTH CAPITOL STREET SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identif	fy by name, address (phone number – optiona	.l)	
Mailing Address			
	CITY A	STATE A	
TITLE OR POSITION	CITY ▲	STATE A	ZIP CODE A
TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
	ories: List all banks or other depositories in w	Telephone Number	
Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in w	Telephone Number	
Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in w	Telephone Number	