

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

Libertarian Party of Arkansas

ADDRESS (number and street) PO Box 46730

(Check if address is changed)

Little Rock AR 72214
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

treasurer@lpar.org

Optional Second E-Mail Address
info@lpar.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.lpar.org

2. DATE 01 / 23 / 2017

3. FEC IDENTIFICATION NUMBER C C00625079

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 Corwin, Miranda, , ,

Signature of Treasurer Corwin, Miranda, , , [Electronically Filed] Date 06 / 26 / 2023

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.

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.)
- (g) This committee is an independent expenditure-only political committee (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:

- (i) 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.
- (j) 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.

2.

C

C

Write or Type Committee Name

Libertarian Party of Arkansas

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

NONE

Grid lines for organization name entry.

Mailing Address

Grid lines for mailing address entry.

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

Corwin, Miranda, , ,

Full Name

Grid lines for full name entry.

Mailing Address

Grid lines for mailing address entry, containing: PO Box 46730, Little Rock, AR, 72214

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Grid lines for title or position entry, containing: Treasurer

Grid lines for telephone number entry, containing: 757 - 846 - 3283

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).

Corwin, Miranda, , ,

Full Name of Treasurer

Grid lines for full name of treasurer entry.

Mailing Address

Grid lines for mailing address of treasurer entry, containing: PO Box 46730, Little Rock, AR, 72214

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Grid lines for title or position of treasurer entry, containing: Treasurer

Grid lines for telephone number of treasurer entry, containing: 757 - 846 - 3283

Full Name of Designated Agent

Pakko, Michael, , ,

Mailing Address

PO Box 46730

Little Rock

AR

72214

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Chairman

Telephone number

501

716

0567

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.

Regions Bank

Mailing Address

Marion West

41 Block Street

Marion

AR

72364

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

Amendment to Statement of Organization to replace listed treasurer and custodian of records.

Form/Schedule:
Transaction ID: