

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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FEC MAIL ROOM

2001 JUL -3 A 10:17

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4MS

CARSON FOR CONGRESS

ADDRESS (number and street)

PO BOX 5811

(Check if address
is changed)

FORT SMITH

AR

72913

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

gocampaign2001@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.jocarson.com

2. DATE 06 07 2001

3. FEC IDENTIFICATION NUMBER ▶ C To BE Assigned

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 LEONARD G. WARDEN III

Signature of Treasurer Leonard G. Warden III Date 06 28 2001

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.

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 JO ELLEN CARSON

Candidate Party Affiliation DEM Office Sought House Senate President State AR District 03

- (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

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

CARSON FOR CONGRESS

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 LEONARD G. WARDEN III
 Mailing Address 1809 QUEENSBURY WAY
FORT SMITH AR 72908-9034
 Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 501-646-2803

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 LEONARD G. WARDEN III
 Mailing Address 1809 QUEENSBURY WAY
FORT SMITH AR 72908-9034
 Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 501-646-2803

Full Name of Designated Agent KAREN LEWIS
 Mailing Address 5620 FREE FERRY ROAD
FORT SMITH AR 72908
 Title or Position ASSISTANT TREASURER CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 501-452-0647

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.

BANK OF THE OZARKS

Mailing Address

PO BOX 196

OZARK

AR

72949-0196

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt _____
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<i>JMV</i> PREPARER	<i>7-3-01</i> DATE PREPARED