

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Oklahoma Leadership Council

ADDRESS (number and street)

4031 N. Lincoln Boulevard

☐ Check if different than previously reported. (ACC)

Oklahoma City

OK

73105

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00167213

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☒ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 01 2011

through

M M M / D D D / Y Y Y Y Y Y
11 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANTHONY J FERATE

Signature of Treasurer

ANTHONY J FERATE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 07 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Oklahoma Leadership Council

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
11		01		2011

To:

M M	/	D D	/	Y Y Y Y Y
11		30		2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2011</div>		<div>80299.07</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>112624.62</div>	
(c) Total Receipts (from Line 19)	<div>20401.82</div>	<div>263840.59</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>133026.44</div>	<div>344139.66</div>
7. Total Disbursements (from Line 31).....	<div>20668.56</div>	<div>231781.78</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>112357.88</div>	<div>112357.88</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Oklahoma Leadership Council

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 11 / 01 / 2011

To:

 M M / D D / Y Y Y Y Y
 11 / 30 / 2011
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16750.00

125525.74

(ii) Unitemized

3651.82

75598.12

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

20401.82

201123.86

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

27035.35

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

20401.82

228159.21

12. Transfers From Affiliated/Other

Party Committees.....

0.00

550.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

905.66

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

11.42

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

25348.27

(b) Levin Funds (from Schedule H5)

0.00

8866.03

(c) Total Transfers (add 18(a) and 18(b))..

0.00

34214.30

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

20401.82

263840.59

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

20401.82

229626.29

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	5787.20	57175.82
(ii) Non-Federal Share.....	14881.36	147573.39
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20668.56	204749.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	17258.38
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	99.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	99.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	9675.19
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	9675.19
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20668.56	231781.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5787.20	84208.39

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20401.82	228159.21
34. Total Contribution Refunds (from Line 28(d))	0.00	99.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20401.82	228060.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	5787.20	57175.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	905.66
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	5787.20	56270.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 102

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. Stephen A Andrade

Mailing Address 14101 pARKWAY cOMMONS DRIVE

City	State	Zip Code
OKLAHOMA CITY	OK	73134

FEC ID number of contributing federal political committee.

C

Name of Employer

OSH HOLDINGS, LLC

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.18459

Amount of Each Receipt this Period

79.00

MEMO ENTRY: SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SCOTT ANTHONY

Mailing Address 6901 S OLYMPIA AVE

City	State	Zip Code
TULSA	OK	74132

FEC ID number of contributing federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2011

Transaction ID : SA11Al.18512

Amount of Each Receipt this Period

19.23

MEMO ENTRY/ SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Justin Atherton

Mailing Address 6901 S. Olympia Ave

City	State	Zip Code
Tulsa	OK	74132

FEC ID number of contributing federal political committee.

C

Name of Employer

Tulsa Spine and Specialty Hosp

Occupation

Physician/Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2011

Transaction ID : SA11Al.18550

Amount of Each Receipt this Period

19.23

Memo Entry/See Memo Note Text

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18459

DR. ANDRADE IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$79.00.

Form/Schedule: SA11AI

Transaction ID: SA11AI.18512

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18550

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. CLINT BAIRD

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18583

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DOUGLAS BEAL

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
OKC OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
OHS HOLDINGS, LLC

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.18502

Amount of Each Receipt this Period

72.00

MEMO ENTRY; SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Kevin Blaylock

Mailing Address Requested

City State Zip Code
Oklahoma City OK 73150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma Spine Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.17947

Amount of Each Receipt this Period

250.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18583

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18502

DR. BEAL IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$72.00.

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 102
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. Kevin Blaylock

Mailing Address Requested

City	State	Zip Code
Oklahoma City	OK	73150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Spine Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2011			

Transaction ID : SA11Al.18474

Amount of Each Receipt this Period

35.00

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DANIEL BOEDEKER

Mailing Address 6901 S OLYMPIA AVE

City	State	Zip Code
TULSA	OK	74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2011			

Transaction ID : SA11Al.18514

Amount of Each Receipt this Period

19.23

MEMO ENTRY/ SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

c. Christopher Boxell

Mailing Address 6901 S. Olympia Ave.

City	State	Zip Code
Tulsa	OK	74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulsa Spine and Specialty Hosp

Occupation

Physician/Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2011			

Transaction ID : SA11Al.18552

Amount of Each Receipt this Period

19.23

Memo Entry/See Memo Note Text

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18474

DR. BLAYLOCK IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$35.00.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18514

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18552

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. STEPHEN BROWNLEE

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18588

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JERRY BUCHANAN

Mailing Address 7957 S. 78TH EAST AVE

City State Zip Code
TULSA OK 74133

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTMENT REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.17988

Amount of Each Receipt this Period

250.00

Individual Contribution

Full Name (Last, First, Middle Initial)

C. CLARK BUNDREN

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18516

Amount of Each Receipt this Period

19.23

MEMO ENTRY;SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18588

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18516

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. Sanford Burnstein

Mailing Address 3303 North Sheridan Rd

City State Zip Code
Tulsa OK 74115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omni Air International

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.17989

Amount of Each Receipt this Period

1000.00

Individual Contribution

Full Name (Last, First, Middle Initial)

B. Jeff Calava

Mailing Address 6901 S. Olympia Ave

City State Zip Code
Tulsa OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulsa Spine and Specialty Hosp

Occupation

Physician/Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19.23

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18554

Amount of Each Receipt this Period

19.23

memo entry/see memo note text

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BRIAN CHALKIN

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19.23

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18589

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

19.23

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18554

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI

Transaction ID: SA11AI.18589

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. YEY CHOO

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
 TULSA OK 74132

FEC ID number of contributing federal political committee.

C

Name of Employer
 TULSA SPINE AND SPECIALTY HOSP

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11Al.18518

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Paul Cornell

Mailing Address 5531 E 108th Street

City State Zip Code
 Tulsa OK 74137

FEC ID number of contributing federal political committee.

C

Name of Employer
 requested

Occupation
 Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11Al.17980

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

C. MARK J COSTELLO

Mailing Address 300 JONNY BENCH DR

City State Zip Code
 OKLAHOMA CITY OK 73104

FEC ID number of contributing federal political committee.

C

Name of Employer
 USA DIGITAL COMMUNICATIONS

Occupation
 EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.17951

Amount of Each Receipt this Period

250.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18518

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. Art Couch

Mailing Address 140 N 129th East Ave

City State Zip Code
Tulsa OK 74112

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ross Grioup

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.17976

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER COVINGTON

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.18556

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MAUREEN CROTTY

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.18591

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18556

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI

Transaction ID: SA11AI.18591

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. JAMES DEAN

Mailing Address 6901 S OLYMPIA AVE

City

TULSA

State

OK

Zip Code

74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18520

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GARY T DENSLOW

Mailing Address 5407 E 118T STREET

City

TULSA

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18558

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. EUGENE DICKENS

Mailing Address 6901 S OLYMPIA AVE

City

TULSA

State

OK

Zip Code

74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18593

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18520

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18558

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18593

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. THOMAS DODSON

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18522

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ERIC C ECKMAN

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
OKLAHOMA CITY OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSH HOLDINGS, LLC

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.18464

Amount of Each Receipt this Period

79.00

MEMO ENTRY: SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CHARLES ENGLES

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
OKC OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSH HOLDINGS, LLC

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.18490

Amount of Each Receipt this Period

18.00

MEMO ENTRY;SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18522

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18464

DR. ECKMAN IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$79.00.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18490

DR. ENGLER IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$18.00.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. DAVID FELL

Mailing Address 6901 S OLYMPIA AVE

City

TULSA

State

OK

Zip Code

74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.18559

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JEFF FINKENSTAEDT

Mailing Address 6901 S OLYMPIA AVE

City

TULSA

State

OK

Zip Code

74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.18595

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DAVID FRANICS

Mailing Address 6901 S OLYMPIA AVE

City

TULSA

State

OK

Zip Code

74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.18524

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18559

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18595

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18524

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. FALON FULLER

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
 OKC 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OHS HOLDINGS, LLC

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.18496

Amount of Each Receipt this Period

18.00

MEMO ENTRY; SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STEVEN GAEDE

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
 TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TULSA SPINE AND SPECIALTY HOSP

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11AI.18561

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CHARLES GARRETT

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
 TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TULSA SPINE AND SPECIALTY HOSP

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11AI.18597

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18496

DR. FULLER IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$18.00.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18561

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18597

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. FRANK HACKL

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18526

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MICHAEL R HAHN

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
OKLAHOMA CITY OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSH HOLDINGS, LLC

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2011

Transaction ID : SA11AI.18477

Amount of Each Receipt this Period

108.00

MEMO ENTRY: SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GERALD HALE

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18563

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18526

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18477

DR. HAHN IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$108.00.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18563

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. DAVID HALL

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18599

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TOM HAMILTON

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18528

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Kevin Hansen

Mailing Address 140 N 129th East Ave

City State Zip Code
Tulsa OK 74116

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ross Group

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.17972

Amount of Each Receipt this Period

500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18599

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18528

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. Harold Harlason

Mailing Address 516 Avon Drive

City State Zip Code
 Norman OK 73072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.17949

Amount of Each Receipt this Period

250.00

Individual Contribution

Full Name (Last, First, Middle Initial)

B. WILLIAM HAWKINS

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
 TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

TULSA SPINE AND SPECIALTY HOSP

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19.23

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11Al.18565

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CHARLES HEINBERG

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
 TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

TULSA SPINE AND SPECIALTY HOSP

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19.23

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11Al.18601

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

19.23

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18565

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18601

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. KEVIN HERN

Mailing Address 3240 S ZUNIS PLACE

City State Zip Code
 TULSA OK 74105

FEC ID number of contributing federal political committee.

C

Name of Employer

KTAK CORPORATION

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11Al.17971

Amount of Each Receipt this Period

1000.00

Individual Contribution

Full Name (Last, First, Middle Initial)

B. BRENT N HISEY

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
 OKLAHOMA CITY OK 73134

FEC ID number of contributing federal political committee.

C

Name of Employer

OSH HOLDINGS, LLC

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

108.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.18481

Amount of Each Receipt this Period

108.00

MEMO ENTRY: SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Erin Hoefler

Mailing Address 140 N 129th East Ave

City State Zip Code
 Tulsa OK 74116

FEC ID number of contributing federal political committee.

C

Name of Employer

The Ross Group

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11Al.17974

Amount of Each Receipt this Period

500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18481

DR. HISEY IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$108.00.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. DONALD D HORTON

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
 OKLAHOMA CITY OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OHS HOLDINGS, LLC

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.18483

Amount of Each Receipt this Period

72.00

MEMO ENTRY: SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BRUCE HUDKINS

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
 TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TULSA SPINE AND SPECIALTY HOSP

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11AI.18533

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

c. Linda Huggard

Mailing Address 29 NE 8

City State Zip Code
 Oklahoma City OK 73104

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Broadway Machine

Occupation
 Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.17955

Amount of Each Receipt this Period

1000.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18483

DR. HORTON IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$72.00.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18533

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. Benjamin Kimbro

Mailing Address 2200 North Hemlock Ave

City

Broken Arrow

State

OK

Zip Code

74012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Requested

Occupation

vice president

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11AI.17978

Amount of Each Receipt this Period

500.00

Individual contribution

Full Name (Last, First, Middle Initial)

B. LEO KINGSTON

Mailing Address PO BOX 19290

City

OKLAHOMA CITY

State

OK

Zip Code

73157

FEC ID number of contributing
federal political committee.

C

Name of Employer

RAK PROPERTIES

Occupation

REAL ESTATE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.17954

Amount of Each Receipt this Period

250.00

Individual contribution

Full Name (Last, First, Middle Initial)

C. MARY KIRK

Mailing Address 6901 S OLYMPIA AVE

City

TULSA

State

OK

Zip Code

74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11AI.18567

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18567

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. Emily Kitch

Mailing Address requested

City State Zip Code
 Oklahoma city OK 73162

FEC ID number of contributing
federal political committee.

C

Name of Employer
requested

Occupation
requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.17952

Amount of Each Receipt this Period

250.00

Individual contribution

Full Name (Last, First, Middle Initial)

B. DOUG KOONTZ

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
 TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19.23

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11Al.18603

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ALEXANDER L'HEUREUX

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
 OKC OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSH HOLDINGS, LLC

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

108.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.18485

Amount of Each Receipt this Period

108.00

MEMO ENTRY: MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18603

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18485

DR. L'HEUREUX IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$108.00.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. J PAT LIVINGSTON

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
 OKC OK 73134

FEC ID number of contributing federal political committee.

C

Name of Employer
 OHS HOLDINGS, LLC

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.18492

Amount of Each Receipt this Period

36.00

MEMO ENTRY; SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ANTHONY LOEHR

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
 TULSA OK 74132

FEC ID number of contributing federal political committee.

C

Name of Employer
 TULSA SPINE AND SPECIALTY HOSP

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11AI.18534

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. KYLE MANGELS

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
 TULSA OK 74132

FEC ID number of contributing federal political committee.

C

Name of Employer
 TULSA SPINE AND SPECIALTY HOSP

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11AI.18569

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18492

DR. LIVINGSTON IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$36.00.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18534

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18569

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. JACK MARSHALL

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
 OKLAHOMA CITY OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OSH HOLDINGS, LLC

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.18465

Amount of Each Receipt this Period

79.00

MEMO ENTRY: SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MARTIN MARTUCCI

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
 TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TULSA SPINE AND SPECIALTY HOSP

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / 21 / 2011

Transaction ID : SA11AI.18605

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SCOTT A MITCHELL

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
 OKLAHOMA CITY OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OSH HOLDINS, INC

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / 11 / 2010

Transaction ID : SA11AI.18475

Amount of Each Receipt this Period

79.00

MEMO ENTRY: SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18465

DR. MARSHALL IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$79.00.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18605

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18475

DR. MITCHELL IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$79.00.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. DANIEL MORRIS

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18536

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FADI NASR

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
OKLAHOMA CITY OK 73134

FEC ID number of contributing federal political committee.

C

Name of Employer

OHS HOLDINGS, LLC

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.18508

Amount of Each Receipt this Period

108.00

MEMO ENTRY; SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ROBERT NELSON

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18571

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18536

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18508

DR. NASR IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$108.00.

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18571

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. COLE NILSON

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.18607

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JAMES C. NORTON

Mailing Address 3020 S. YOURKTOWN

City State Zip Code
TULSA OK 74114

FEC ID number of contributing
federal political committee.

C

Name of Employer
JIM NORTON TOYOTA

Occupation
AUTOMOBILE DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.17982

Amount of Each Receipt this Period

1000.00

Individual Contribution

Full Name (Last, First, Middle Initial)

C. JAMES M ODOR

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
OKLAHOMA CITY OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSH HOLDINGS, LLC

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.18479

Amount of Each Receipt this Period

108.00

MEMO ENTRY: SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18607

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18479

DR. ODOR IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$108.00.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. OSH Holdings LLC

Mailing Address 4120 W Memorial

City State Zip Code
 Oklahoma City OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.17967

Amount of Each Receipt this Period

2000.00

Individual Contribution

Full Name (Last, First, Middle Initial)

B. ROBERT L PARKER

Mailing Address 2021 S LEWIS

City State Zip Code
 TULSA OK 74104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF

SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.17963

Amount of Each Receipt this Period

500.00

Individual contribution

Full Name (Last, First, Middle Initial)

C. ANDREW PARKINSON

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
 OKC OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OHS HOLDINGS, LLC

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.18510

Amount of Each Receipt this Period

108.00

MEMO ENTRY/ SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18510

DR. PARKINSON IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$108.00.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. STAN PELOFSKY

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
 OKLAHOMA CITY OK 73134

FEC ID number of contributing federal political committee.

C

Name of Employer

OSH HOLDINGS

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.18467

Amount of Each Receipt this Period

108.00

MEMO ENTRY: SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Robert Peterson

Mailing Address 4417 S. Lewis Place

City State Zip Code
 Tulsa OK 74105

FEC ID number of contributing federal political committee.

C

Name of Employer

Parker Drilling

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11Al.17986

Amount of Each Receipt this Period

500.00

Individual contribution

Full Name (Last, First, Middle Initial)

C. Ben Pettigrove

Mailing Address 4120 W. Memorial

City State Zip Code
 Oklahoma City OK 73120

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11Al.18538

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18467

DR. PELOFSKY IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$108.00.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18538

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. MATTHEW POWERS

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18573

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ROBERT REMONDINO

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
OKLAHOMA CITY OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSH HOLDINGS

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.18469

Amount of Each Receipt this Period

108.00

MEMO ENTRY: SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ANDREAS REVELIS

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18609

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18573

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18469

DR. REMONDINO IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$108.00.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18609

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. W EMERY REYNOLDS

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
 OKLAHOMA CITY OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OSH HOLDINGS, LLC

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.18487

Amount of Each Receipt this Period

36.00

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JAMES E RODGERS

Mailing Address 7222 SE 15TH STREET

City State Zip Code
 MIDWEST CITY OK 73110

FEC ID number of contributing
federal political committee.

C

Name of Employer
 REQUESTED

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11AI.18539

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WILLIAM SAWYER

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
 TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TULSA SPINE AND SPECIALTY HOSP

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2011

Transaction ID : SA11AI.18575

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18487

DR. REYNOLDS IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$36.00.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18539

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18575

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. ERIC SHERBURN

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18611

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CHRIS SIEMENS

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18540

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Donna Smith

Mailing Address 2225 Carlisle Rd

City State Zip Code
Oklahoma City OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.17961

Amount of Each Receipt this Period

250.00

Individual contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18611

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI

Transaction ID: SA11AI.18540

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. G Keith SMITH

Mailing Address 3708 Rena Dawn lane

City State Zip Code
Edmond OK 73013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.17957

Amount of Each Receipt this Period

250.00

Individual contribution

Full Name (Last, First, Middle Initial)

B. BRIAN SNELL

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

TULSA SPINE AND SPECIALTY HOSP

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

108.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.18506

Amount of Each Receipt this Period

108.00

MEMO ENTRY; SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AL M. SNIPES

Mailing Address PO BOX 891556

City State Zip Code
OKLAHOMA CITY OK 73189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SNIPES INSURANCE AGENCY

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.17964

Amount of Each Receipt this Period

250.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18506

DR. SNELL IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$108.00.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. ROBERT STERLING

Mailing Address 6901 S OLYMPIA AVE

City

TULSA

State

OK

Zip Code

74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18577

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DARON STREET

Mailing Address 6901 S OLYMPIA AVE

City

TULSA

State

OK

Zip Code

74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18613

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CHARLES SUBLETT

Mailing Address 320 SOUTH BOSTON
SUITE 805

City

TULSA

State

OK

Zip Code

74103

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUBLETT & SHAFER, P.C.

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.17991

Amount of Each Receipt this Period

1000.00

Individual contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18577

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18613

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. RICHARD THOMAS

Mailing Address 6901 S OLYMPIA

City

TULSA

State

OK

Zip Code

74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.18545

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ROBERT TIBBS

Mailing Address 14101 PARKWAY COMMONS DRIVE

City

OKC

State

OK

Zip Code

73134

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHS HOLDINGS, LLC

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.18494

Amount of Each Receipt this Period

108.00

MEMO ENTRY: SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRANK TOMECEK

Mailing Address 6901 S OLYMPIA AVE

City

TULSA

State

OK

Zip Code

74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

TULSA SPINE AND SPECIALTY HOSP

Occupation

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.18579

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18545

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000 CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18494

DR. TIBBS IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$108.00.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18579

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. Tulsa Spine and Specialty Hospital

Mailing Address 6901 S. Olympia Ave

City State Zip Code
Tulsa OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.17992

Amount of Each Receipt this Period

1000.00

Individual Contribution

Full Name (Last, First, Middle Initial)

B. ATUL VAIDYA

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

TULSA SPINE AND SPECIALTY HOSP

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19.23

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.18615

Amount of Each Receipt this Period

19.23

MEMO ENTRY/ SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. RANDALL WEBB

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

TULSA SPINE AND SPECIALTY HOSP

PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19.32

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11Al.18546

Amount of Each Receipt this Period

19.32

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

19.32

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18615

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18546

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. BENJAMIN T WHITE

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
 OKC OKC 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OHS HOLDINGS, LLC

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 10 2011

Transaction ID : SA11AI.18500

Amount of Each Receipt this Period

108.00

MEMO ENTRY; SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER WHITE

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
 OKC OKC 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OHS HOLDINGS, LLC

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 10 2011

Transaction ID : SA11AI.18504

Amount of Each Receipt this Period

27.00

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DAVID WHITE

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
 TULSA OKC 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TULSA SPINE AND SPECIALTY HOSP

Occupation
 PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 11 21 2011

Transaction ID : SA11AI.18581

Amount of Each Receipt this Period

19.23

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18500

DR. WHITE IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$108.00.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18504

DR. WHITE IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$27.00.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.18581

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. KALVIN WHITE

Mailing Address 601 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18617

Amount of Each Receipt this Period

19.27

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TRACI WHITE

Mailing Address 6901 S OLYMPIA AVE

City State Zip Code
TULSA OK 74132

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA SPINE AND SPECIALTY HOSP

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.18548

Amount of Each Receipt this Period

19.32

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ROBERT J WIENECKE

Mailing Address 14101 PARKWAY COMMONS DRIVE

City State Zip Code
OKC OK 73134

FEC ID number of contributing
federal political committee.

C

Name of Employer
OHS HOLDINGS, LLC

Occupation
PHYSICIAN/PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.18498

Amount of Each Receipt this Period

108.00

MEMO ENTRY/SEE MEMO NOTE TEXT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18617

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.27.

Form/Schedule: SA11AI
Transaction ID: SA11AI.18548

AS A PARTNER IN TULSA SPINE AND SPECIALTY HOSPITAL THE DOCTORS PORTION OF THE \$1,000
CONTRIBUTION IS 19.23.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18498

DR. WIENECKE IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$108.00.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

Full Name (Last, First, Middle Initial)

A. Richard Williamson

Mailing Address 10708 E 38th Street

City

Tulsa

State

OK

Zip Code

74146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2011

Transaction ID : SA11AI.17983

Amount of Each Receipt this Period

3000.00

Individual Contribution

Full Name (Last, First, Middle Initial)

B. GAYLAN D YATES

Mailing Address 14101 PARKWAY COMMONS DRIVE

City

OKLAHOMA CITY

State

OK

Zip Code

73134

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHS HOLDINGS, LLC

Occupation

PARTNER/PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

79.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.18472

Amount of Each Receipt this Period

79.00

MEMO ENTRY: SEE MEMO NOTE TEXT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

16750.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.18472

DR. YATES IS A PARTNER IN OSH HOLDINGS, LLC. HIS PORTION OF THE \$2,000 CONTRIBUTION IS \$79.00.

Form/Schedule:
Transaction ID:

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 89 OF 102

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

A. Full Name (Last, First, Middle Initial) DIRECT MAIL SYSTEMS, INC			Transaction ID : H4.17996			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 12450 AUTOMOBILE BLVE								
City CLEARWATER	State FL	Zip Code 34622				Allocated Activity or Event Year-To-Date 189080.65		
Purpose of Disbursement: Generic Party Mail						Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
1400.00						=		
			3600.00			TOTAL AMOUNT		
						5000.00		

B. Full Name (Last, First, Middle Initial) ELAYNE DENNIS			Transaction ID : H4.17998			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1012 BLUE RIDGE DRIVE								
City EDMOND	State OK	Zip Code 73003				Allocated Activity or Event Year-To-Date 189192.77		
Purpose of Disbursement: Reimbursement for expenses						Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
31.39						=		
			80.73			TOTAL AMOUNT		
						112.12		

C. Full Name (Last, First, Middle Initial) Emily Defner			Transaction ID : H4.17999			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Requested								
City Oklahoma City	State OK	Zip Code 73162				Allocated Activity or Event Year-To-Date 189252.38		
Purpose of Disbursement: Reimbursement of Expenses						Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>		
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
16.69						=		
			42.92			TOTAL AMOUNT		
						59.61		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1448.08		3723.65		5171.73

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 90 OF 102

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

A. Full Name (Last, First, Middle Initial) ELAYNE DENNIS			Transaction ID : H4.18001			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1012 BLUE RIDGE DRIVE								
City EDMOND		State OK		Zip Code 73003				
Purpose of Disbursement: Reimbursement of Expenses						Allocated Activity or Event Year-To-Date 189327.77		
Activity or Event Identifier: Administrative								
FEDERAL SHARE			+			NONFEDERAL SHARE		
21.11						54.28		
			=			TOTAL AMOUNT		
						75.39		

B. Full Name (Last, First, Middle Initial) JEFFREY J PETERS			Transaction ID : H4.18000			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 404 HUNTERS GLEN COURT								
City MOORE		State OK		Zip Code 73160				
Purpose of Disbursement: Travel and office supplies - No vendor received more than \$200 in aggregate						Allocated Activity or Event Year-To-Date 189607.60		
Activity or Event Identifier: Administrative								
FEDERAL SHARE			+			NONFEDERAL SHARE		
78.35						201.48		
			=			TOTAL AMOUNT		
						279.83		

C. Full Name (Last, First, Middle Initial) JEFFREY J PETERS			Transaction ID : H4.18011			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 404 HUNTERS GLEN COURT								
City MOORE		State OK		Zip Code 73160				
Purpose of Disbursement: Wages						Allocated Activity or Event Year-To-Date 191146.07		
Activity or Event Identifier: Administrative								
FEDERAL SHARE			+			NONFEDERAL SHARE		
430.77						1107.70		
			=			TOTAL AMOUNT		
						1538.47		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
530.23		1363.46		1893.69

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: H4
Transaction ID : H4.18011

this employee did not spend more than 25% of their time on FEA.

Form/Schedule:
Transaction ID:

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 92 OF 102

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

A. Full Name (Last, First, Middle Initial) ELAYNE DENNIS		Transaction ID : H4.18013		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1012 BLUE RIDGE DRIVE					
City EDMOND	State OK	Zip Code 73003			
Purpose of Disbursement: Wages				Allocated Activity or Event Year-To-Date 192100.07	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 10 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
267.12			686.88		954.00

B. Full Name (Last, First, Middle Initial) Emily Defner		Transaction ID : H4.18015		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Requested					
City Oklahoma City	State OK	Zip Code 73162			
Purpose of Disbursement: Wages				Allocated Activity or Event Year-To-Date 193023.17	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 10 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
258.47			664.63		923.10

C. Full Name (Last, First, Middle Initial) MATT PINNELL		Transaction ID : H4.18017		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 8622 E 98TH PLACE					
City TULSA	State OK	Zip Code 74133			
Purpose of Disbursement: Wages				Allocated Activity or Event Year-To-Date 195873.17	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 10 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
798.00			2052.00		2850.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1323.59		3403.51		4727.10

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: H4
Transaction ID : H4.18013

this employee did not spend more than 25% of their time on FEA.

Form/Schedule: H4
Transaction ID: H4.18015

this employee did not spend more than 25% of their time on FEA.

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: H4
Transaction ID : H4.18017

this employee did not spend more than 25% of their time on FEA.

Form/Schedule:
Transaction ID:

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

A. Full Name (Last, First, Middle Initial) CORY'S		Transaction ID : H4.18002		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2014 S. NICKLAS AVE					
City OKLAHOMA CITY	State OK	Zip Code 73128			
Purpose of Disbursement: Room Rental and food				Allocated Activity or Event Year-To-Date 195966.37	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 17 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.10			67.10		93.20

B. Full Name (Last, First, Middle Initial) Jones PR INC		Transaction ID : H4.18003		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Requested					
City Oklahoma City	State OK	Zip Code 73162			
Purpose of Disbursement: Program production				Allocated Activity or Event Year-To-Date 196310.97	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 17 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
96.49			248.11		344.60

C. Full Name (Last, First, Middle Initial) MCNALLY PRINTING		Transaction ID : H4.17997		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 505 S. QUAKER					
City TULSA	State OK	Zip Code 74120			
Purpose of Disbursement: Printing expenses				Allocated Activity or Event Year-To-Date 196832.13	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 20 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
145.92			375.24		521.16

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
268.51		690.45		958.96

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 96 OF 102

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

A. Full Name (Last, First, Middle Initial) OGE ENERGY CORP EMPLOYEES PAC			Transaction ID : H4.18005			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. BOX 321								
City OKLAHOMA CITY		State OK		Zip Code 73101				
Purpose of Disbursement: Utilities - Electric				Category/ Type		Allocated Activity or Event Year-To-Date 197560.15		
Activity or Event Identifier: Administrative						Date <input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
203.85				524.17				728.02

B. Full Name (Last, First, Middle Initial) JEFFREY J PETERS			Transaction ID : H4.18012			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 404 HUNTERS GLEN COURT								
City MOORE		State OK		Zip Code 73160				
Purpose of Disbursement: Wages				Category/ Type		Allocated Activity or Event Year-To-Date 199098.62		
Activity or Event Identifier: Administrative						Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
430.77				1107.70				1538.47

C. Full Name (Last, First, Middle Initial) ELAYNE DENNIS			Transaction ID : H4.18014			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1012 BLUE RIDGE DRIVE								
City EDMOND		State OK		Zip Code 73003				
Purpose of Disbursement: Wages				Category/ Type		Allocated Activity or Event Year-To-Date 199836.62		
Activity or Event Identifier: Administrative						Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
206.64				531.36				738.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
841.26		2163.23		3004.49

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: H4
Transaction ID : H4.18012

this employee did not spend more than 25% of their time on FEA.

Form/Schedule: H4
Transaction ID: H4.18014

this employee did not spend more than 25% of their time on FEA.

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

A. Full Name (Last, First, Middle Initial) Emily Defner		Transaction ID : H4.18016		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Requested					
City Oklahoma City	State OK	Zip Code 73162			
Purpose of Disbursement: Wages				Allocated Activity or Event Year-To-Date 200759.72	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 25 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
258.47			664.63		923.10

B. Full Name (Last, First, Middle Initial) MATT PINNELL		Transaction ID : H4.18018		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 8622 E 98TH PLACE					
City TULSA	State OK	Zip Code 74133			
Purpose of Disbursement: Wages				Allocated Activity or Event Year-To-Date 203609.72	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 25 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
798.00			2052.00		2850.00

C. Full Name (Last, First, Middle Initial) Jill Hazeldine		Transaction ID : H4.18006		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address					
City Norman	State OK	Zip Code 73153			
Purpose of Disbursement: contract labor				Allocated Activity or Event Year-To-Date 203909.72	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 29 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
84.00			216.00		300.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1140.47		2932.63		4073.10

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: H4
Transaction ID : H4.18016

this employee did not spend more than 25% of their time on FEA.

Form/Schedule: H4
Transaction ID: H4.18018

this employee did not spend more than 25% of their time on FEA.

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

A. Full Name (Last, First, Middle Initial) OFFICE DEPOT		Transaction ID : H4.18008		Allocated Activity or Event:	
Mailing Address P.O. BOX 9027				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City DES MOINES		State IA	Zip Code 50368	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Office Supplies				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/ Type		Allocated Activity or Event Year-To-Date <div>204240.51</div>	
Date		Date		Date	
11 / 29 / 2011		11 / 29 / 2011		11 / 29 / 2011	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
92.62		238.17		330.79	

B. Full Name (Last, First, Middle Initial) COMPSOURCE OKLAHOMA		Transaction ID : H4.18009		Allocated Activity or Event:	
Mailing Address 410 N. WALNUT				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City OKLAHOMA CITY		State OK	Zip Code 73102	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Payroll Expense				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/ Type		Allocated Activity or Event Year-To-Date <div>204500.51</div>	
Date		Date		Date	
11 / 29 / 2011		11 / 29 / 2011		11 / 29 / 2011	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
72.80		187.20		260.00	

C. Full Name (Last, First, Middle Initial) THE DOCUMENT CENTER		Transaction ID : H4.18010		Allocated Activity or Event:	
Mailing Address 333 W. WILSHIRE #B				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City OKLAHOMA CITY		State OK	Zip Code 73116	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Generic Party marketing				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/ Type		Allocated Activity or Event Year-To-Date <div>204536.25</div>	
Date		Date		Date	
11 / 29 / 2011		11 / 29 / 2011		11 / 29 / 2011	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
10.01		25.73		35.74	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
175.43		451.10		626.53

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

A. Full Name (Last, First, Middle Initial) Pirya Inc.		Transaction ID : H4.17995		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Requested					
City Requested	State OK	Zip Code 73162			
Purpose of Disbursement: credit card processing fees				Allocated Activity or Event Year-To-Date 204749.21	
Activity or Event Identifier: Administrative		Category/Type		Date 11 / 30 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
59.63			153.33		212.96

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address					
City	State	Zip Code			
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date			
Activity or Event Identifier:		Date			
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address					
City	State	Zip Code			
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date			
Activity or Event Identifier:		Date			
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.63		153.33		212.96

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
5787.20		14881.36		20668.56

SCHEDULE L (FEC Form 3X)**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : SL.18019

NAME OF COMMITTEE (In Full)

Oklahoma Leadership Council

NAME OF ACCOUNT

OKLAHOMA LEADERSHIP LEVIN ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	0.00	0.00
(b) Unitemized	0.00	0.00
(c) Total	0.00	20000.00
2. OTHER RECEIPTS	0.00	10332.00
3. TOTAL RECEIPTS (Add Lines 1c and 2)	0.00	30332.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	0.00	4320.00
(b) Voter ID	0.00	0.00
(c) GOTV	0.00	0.00
(d) Generic Campaign	0.00	0.00
(e) Total	0.00	30922.21
5. OTHER DISBURSEMENTS	0.00	0.00
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	0.00	30922.21
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	17286.84	17877.05
8. RECEIPTS (from Line 3)	0.00	30332.00
9. SUBTOTAL (Add Lines 7 and 8)	17286.84	48209.05
10. DISBURSEMENTS (From Line 6)	0.00	30922.21
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	17286.84	17286.84