

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

(a) NAME OF COMMITTEE IN FULL <u>Republican Majority Fund</u>	<input type="checkbox"/> (Check if name is changed)	2. DATE <u>May 6, 1994</u>
(b) Number and Street Address <u>PO Box 1550</u>	<input type="checkbox"/> (Check if address is changed)	3. FEC IDENTIFICATION NUMBER _____
(c) City, State and ZIP Code <u>Ponca City, OK 74602</u>	RECEIVED FEDERAL ELECTION COMMISSION ADMINISTRATION	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

MAY 6 4 20 PM '94

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
 

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Type of Connected Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Corporation w/o Capital Stock <input type="checkbox"/> Labor Organization <input type="checkbox"/> Membership Organization <input type="checkbox"/> Trade Association <input type="checkbox"/> Cooperative		

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Joey Bradford	133 Lansbrook, Ponca City, OK 74601	None

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Bill Eubank	PO Box 1550, Ponca City, OK 74602	Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
First National Bank and Trust Company	PO Box 1151, Ponca City, OK 74602

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

TYPE OR PRINT NAME OF TREASURER <u>Bill Eubank</u>	SIGNATURE OF TREASURER 	DATE <u>5/6/94</u>
---	----------------------------	-----------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalty of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

2403897514

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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

Hand Delivered

DATE OF RECEIPT

*5-9-94*

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*JM H*  
 PREPARER

*5-9-94*  
 DATE PREPARED

94038975115