Image# 26950231195 07/14/2006 08:45

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction				Office	use only	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If over the line		12FE4	1 1 1		
Oklahoma Lea	dership Council		1111	1111			1111	لــــــــــــــــــــــــــــــــــــــ
			1111			1111	1111	لبي
ADDRESS (number and	street) 4031	N. Lincoln Boul	evard					لبيا
(Check if address is changed)		homa City			ОК		73105	
COMMITTEE'S E-MAI	II ADDRESS		CITY▲		STATE		ZIP CODE	•
tom@okgop.c								1
1								1
COMMITTEE'S WEB	PAGE ADDRESS (U	<del>                                     </del>				1 1 1 1		<del></del>
	`							1
1								1
2. DATE 0.7		Ž 0 Ý 6 Ý						
3. FEC IDENTIFICA	TION NUMBER		C0016721	3	1			
4. IS THIS STATEM	MENT X NEW	I (N) OR	A	MENDED (A)				
I certify that I have exami	_	to the best of my know	· ·	t is true, correct an	d complete			
Signature of Treasurer	Electronically File	d by <b>MELVIN H.</b>	GRAGG		Date	<b>0 7</b> /	<b>14</b>	2006
NOTE: Submission of fal		nplete information may					2 U.S.C. S437g	
Office Use Only			Federal Toll Fre	ther information of Election Commiss e 800-424-9530			EC FORM	

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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate						
	Party Affiliation Sought: House Senate President	State					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
(d) X This committee is a STA (National, State (or subordinate) committee of the REP (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 function committee.	l or party					
6.	Name of Any Connected Organization or Affiliated Committee						
L							
L							
	Mailing Address						
	CITY STATE ZI	P CODE A					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	ı					
	Membership Organization Trade Association Cooperative						

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Write or Type Committee Name							
Oklahoma Leadership C	ouncil						
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name THOMA							
Mailing Address	4031 N. LINCOLN BLVD						
	OKLAHOMA CITY	ОК	73105 _				
Title or Position ♥	CITY A	STATE	ZIP CODE A				
CHAIRMAN	<u> </u>	Telephone number	528 3501				
of Treasurer  MELVIN  Mailing Address	4031 N. LINCOLN BLVD.						
	OKLAHOMA CITY	OK	73105 _				
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲				
TREASURE	ER	Telephone number 405	528 3501				
Full Name of							
Designated Agent THOMA	S E. DAXON						
	4031 N. LINCOLN BLVD						
Agent THOMA		ОК					
Agent THOMA	4031 N. LINCOLN BLVD	OK STATE A	73105 ZIP CODE 🛦				

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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, e	etc.					
	ARV	/EST BANK					
	Mailing Address	P.O. BOX 55500					
		OKLAHOMA CITY OK 731	55   _				

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷