

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

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FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CITIZENS ADVANCING OKLAHOMA

ADDRESS (number and street) 1800 N MILIT PHILLIPS

Check if different than previously reported. (ACC)

SEMINOLE OK 74808

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

000534024

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 MM / DD / YYYY in the State of

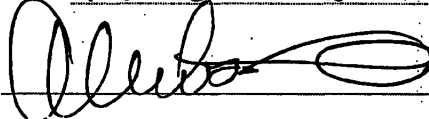
- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 Autumn Wiles

Signature of Treasurer 

Date MM / DD / YYYY

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

13031081362

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CITIZENS ADVANCING OKLAHOMA

Report Covering the Period:

From:

01 / 01 / 2013

To:

06 / / 2013

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2013	51388	51388
(b) Cash on Hand at Beginning of Reporting Period.....	51388	
(c) Total Receipts (from Line 19).....	0.0	51388
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	51388	51388
7. Total Disbursements (from Line 31).....	51388	51388
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0.0	0.0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.0	



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

13031081363

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CITIZENS ADVANCING OKLAHOMA

Report Covering the Period: From: **01 01 2013** To: **06 24 2013**

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0.0
0.0
0.0
0.0
0.0

0.0
0.0
0.0
0.0
0.0

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0.0

0.0

12. Transfers From Affiliated/Other Party Committees.....

0.0

0.0

13. All Loans Received.....

0.0

0.0

14. Loan Repayments Received.....

0.0

0.0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.0

0.0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.0

0.0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.0

0.0

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

0.0
0.0
0.0

0.0
0.0
0.0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.0

0.0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0.0

0.0

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**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

00

00

(ii) Non-Federal Share

00

00

(b) Other Federal Operating Expenditures

00

00

(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))

00

00

22. Transfers to Affiliated/Other Party Committees

00

00

23. Contributions to Federal Candidates/Committees and Other Political Committees

00

00

24. Independent Expenditures (use Schedule E)

00

00

25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)

00

00

26. Loan Repayments Made

00

00

27. Loans Made

00

00

28. Refunds of Contributions To:

(a) Individuals/Persons Other Than Political Committees

00

00

(b) Political Party Committees

00

00

(c) Other Political Committees (such as PACs)

00

00

(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))

00

00

29. Other Disbursements

51388

51388

30. Federal Election Activity (2 U.S.C. §431(20))

(a) Allocated Federal Election Activity (from Schedule H6)

(i) Federal Share

00

00

(ii) "Levin" Share

00

00

(b) Federal Election Activity Paid Entirely With Federal Funds

00

00

(c) Total Federal Election Activity (add Lines 30(a)(i); 30(a)(ii) and 30(b))

00

00

31. Total Disbursements (add Lines 21(c); 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

51388

51388

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)

00

00

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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)	0.0	0.0
34. Total Contribution Refunds (from Line 28(d))	0.0	0.0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.0	0.0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.0	0.0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.0	0.0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.0	0.0

13031081366

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

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

FOR LINE NUMBER: PAGE (OF)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)

CITIZENS ADVANCING OKLAHOMA

Full Name (Last, First, Middle Initial)

NONE

Date of Receipt

MM	DD	YYYY
----	----	------

Amount of Each Receipt this Period

--

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 ▼

--

Full Name (Last, First, Middle Initial)

Date of Receipt

MM	DD	YYYY
----	----	------

Amount of Each Receipt this Period

--

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 ▼

--

Full Name (Last, First, Middle Initial)

Date of Receipt

MM	DD	YYYY
----	----	------

Amount of Each Receipt this Period

--

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 ▼

--

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

0.0

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

0.0

13031081367

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

CITIZENS ADVANCING OKLAHOMA

Full Name (Last, First, Middle Initial)

A. ED CADENHEAD

Mailing Address

610 N. MAIN

City

SEMINOLE

State

Zip Code

Purpose of Disbursement

CONSULTING

Candidate Name

N/A

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

06 / 24 / 2013

Amount of Each Disbursement this Period

51388

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

51388

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

51388

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**SCHEDULE C (FEC Form 3X)
LOANS**

NAME OF COMMITTEE (In Full)
CITIZENS ADVANCING OKLAHOMA

LOAN SOURCE Full Name (Last, First, Middle Initial) NONE	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
					<input type="checkbox"/> Yes <input type="checkbox"/> No
				% (apr)	

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031081369

**SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) CITIZENS ADVANCING OKLAHOMA		FEC IDENTIFICATION NUMBER 000534024
LENDING INSTITUTION (LENDER) Full Name NONE	Amount of Loan []	Interest Rate (APR) [] %
Mailing Address	Date Incurred or Established MM / DD / YYYY	
City State Zip Code	Date Due MM / DD / YYYY	

A. Has loan been restructured? No Yes If yes, date originally incurred MM / DD / YYYY

B. If line of credit, Amount of this Draw: [] Total Outstanding Balance: []

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? []

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? []

A depository account must be established pursuant to 11 CFR 100.82(c)(2) and 100.142(e)(2).

Date account established:
MM / DD / YYYY

Location of account:
Address:
City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE MM / DD / YYYY
---	------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Autumn Wiles <i>[Signature]</i>	DATE MM / DD / YYYY
	Title CO-Treasurer	06 / 24 / 2013

13031081370

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
 Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

CITIZENS ADVANCING OKLAHOMA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NONE		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....	
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CITIZENS ADVANCING OKLAHOMA	FEC IDENTIFICATION NUMBER ▼ C00534024
---	---

Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount XXXXXXXXXX
City	State Zip Code	
Purpose of Expenditure	Category/Type XXXX	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought XXXXXXXXXX		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount XXXXXXXXXX
City	State Zip Code	
Purpose of Expenditure	Category/Type XXXX	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought XXXXXXXXXX		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	XXXXXXXXXX
(b) SUBTOTAL of Unitemized Independent Expenditures.....	XXXXXXXXXX
(c) TOTAL Independent Expenditures.....	XXXXXXXXXX

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date MM / DD / YYYY

13031081372

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
 (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) CITIZENS ADVANCING OKLAHOMA					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:			Full Name of Subordinate Committee NONE		
Mailing Address					
City		State		ZIP Code	

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type	
Mailing Address				Date		Category/Type	
City		State		Zip Code		Date	
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				Amount			

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type	
Mailing Address				Date		Category/Type	
City		State		Zip Code		Date	
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				Amount			

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type	
Mailing Address				Date		Category/Type	
City		State		Zip Code		Date	
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				Amount			

SUBTOTAL of Expenditures This Page (optional)..... ▶							
TOTAL This Period (last page this line number only)..... ▶							

13031081373

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CITIZENS ADVANCING OKLAHOMA

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

13031081374

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

CITIZENS ADVANCING OKLAHOMA

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

DOES NOT APPLY

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

13031081375

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CITIZENS ADVANCING OKLAHOMA

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NONE		

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities.....	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (in Full)

CITIZENS ADVANCING OKLAHOMA

A. Full Name (Last, First, Middle Initial)

NONE

Allocated Activity or Event:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Allocated Activity or Event:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Allocated Activity or Event:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 00

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 00

13031081377

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE () OF ()
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

CITIZENS ADVANCING OKLAHOMA

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
NONE		

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) **Voter ID**

Total Amount Transferred for Voter ID

VOTER ID

iii) **GOTV**

Total Amount Transferred for GOTV

GOTV

iv) **Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) **Voter ID**

Total Amount Transferred for Voter ID

VOTER ID

iii) **GOTV**

Total Amount Transferred for GOTV

GOTV

iv) **Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

CITIZENS ADVANCING OKLAHOMA

A. Full Name (Last, First, Middle Initial) / Full Organization Name

NONE

Type of Allocated Activity or Event:

- Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

[Empty box for Year-To-Date]

Purpose of Disbursement

Category/Type

Date MM / DD / YYYY

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

[Empty boxes for Federal Share, Levin Share, Total Amount]

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

- Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

[Empty box for Year-To-Date]

Purpose of Disbursement

Category/Type

Date MM / DD / YYYY

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

[Empty boxes for Federal Share, Levin Share, Total Amount]

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

- Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

[Empty box for Year-To-Date]

Purpose of Disbursement

Category/Type

Date MM / DD / YYYY

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

[Empty boxes for Federal Share, Levin Share, Total Amount]

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

[Empty boxes for Subtotal Federal Share, Levin Share, Total Amount]

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE TOTAL AMOUNT

[Empty boxes for Total Federal Share, Total Amount]

TOTAL This Period for the Levin Share

LEVIN SHARE

[Empty boxes for Total Levin Share]

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

NAME OF COMMITTEE (In Full)

CITIZENS ADVANCING OKLAHOMA

NAME OF ACCOUNT

NONE

**COLUMN A
TOTAL THIS PERIOD**

**COLUMN B
YEAR-TO-DATE**

1. RECEIPTS FROM PERSONS

(a) Itemized
(Use Schedule L-A)

00

00

(b) Unitemized

(c) Total

2. OTHER RECEIPTS

3. TOTAL RECEIPTS

(Add Lines 1c and 2)

4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT
(Use Schedule L-B)

(a) Voter Registration

(b) Voter ID

(c) GOTV

(d) Generic Campaign

(e) Total

5. OTHER DISBURSEMENTS

6. TOTAL DISBURSEMENTS

(Add Lines 4e and 5)

7. BEGINNING CASH ON HAND

(for Column B, use cash as of January 1st)

8. RECEIPTS

(from Line 3)

9. SUBTOTAL

(Add Lines 7 and 8)

10. DISBURSEMENTS

(From Line 6)

11. ENDING CASH ON HAND

(Subtract Line 10 From Line 9)

00

00

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SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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)
CITIZENS ADVANCING OKLAHOMA

<p>A. Full Name (Last, First, Middle Initial) / Full Organization Name NONE</p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period <input type="text"/></p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date <input type="text"/></p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>B. Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period <input type="text"/></p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date <input type="text"/></p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>C. Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period <input type="text"/></p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date <input type="text"/></p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	
<p>D. Full Name (Last, First, Middle Initial) / Full Organization Name</p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period <input type="text"/></p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date <input type="text"/></p>
<p>Name of Employer or Principal Place of Business</p>	
<p>Occupation</p>	

<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>	<p><input type="text"/></p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>	<p><input type="text" value="0.0"/></p>

13031081381

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

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

FOR LINE NUMBER:		PAGE	OF
(check only one)	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
	<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)
CITIZENS ADVANCING OKLAHOMA

A. Full Name (Last, First, Middle Initial) / Full Organization Name
NONE

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

D. Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

E. Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

SUBTOTAL of Disbursements This Page (optional).....▶
TOTAL This Period (last page this line number only).....▶

0.0
0.0

13031081382

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

7/1/13
DATE PREPARED

13031081383