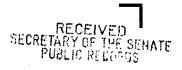
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STATEMENT OF **ORGANIZATION**



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NAME OF COMMITTEE (in	ı full)		(Check if name is changed)		mple:If typing, type the lines.	12FF	4M5				
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ADDRESS (number a	ınd street)	L51	7.36 S.	BOG	Khora Ave	- •				11	
(Check if address is changed)		L	1111			<u>L_L_L_</u>			1.1.	1	ا
		I	LISIQ I	1 1 1		STATE		41051 ZIP	CODE	<u> </u>	<u>ا</u> .
COMMITTEE'S E-MA	AIL ADDRI										
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		Optiona	I Second E-Mail	Address	ayı o CIO		<u> </u>	1111	11.	_11_	· ·
COMMITTEE'S WEE	address	_	JRL) W.MC	Cra	<u>4. CP</u>	<u> </u>			1.1.		
2. DATE	2) 2	A) [67.4							•	
3. FEC IDENTIFI	CATION N	NUMBER	▶ C								
4. IS THIS STATE	MENT (NEV	w (N) OF		AMENDED (A)			<u>-</u>			, I
I certify that I have	examined	this Staten	nent and to the I	pest of my	knowledge and belief it	is true, d	correct and	i complete.			;
Type or Print Name	of Treasur	er <u>Z</u>	ric V	nca	ray		.				
Signature of Treasur	er	Eu	c ME	nay		Date	02	24	20		
NOTE: Submission of	false, erro				bject the person signing DULD BE REPORTED V			penalties of	2 U.S.C	. §437	g.
Office Use Only					For further Information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100			FEC FO			;

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FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
a) This committee is a principal campaign committee. (Complete the candidate informa	tion below.)
b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	nittee. (Complete the candidate
Candidate ErricuMicray:	
Candidate Party Affiliation REP Office Sought: House Senate F	State OKI President District
c) This committee supports/opposes only one candidate, and is NOT an authorized co	mmittee.
Name of Candidate	
Party Committee:	(Company)
d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
e) This committee is a separate segregated fund. (Identify connected organization on lin	e 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	Lesse.
This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)	separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
oint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal	oceeds for two or more political I candidate.
This committee collects contributions, pays fundraising expenses and disburses net pro committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
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Vrite or Type Committee Name	8	
Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
	<u> </u>	
	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in p	possession of committee
Full Name Extin	C. M. Cray	
Mailing Address	5736, S. Rock Ford Ave.	1
	Trulsannin OK 174	<u> 105-L</u>
Title or Position	CITY STATE	ZIP CODE
Custo dian	Telephone number	<u> </u>
Treasurer: List the name an any designated agent (e.g.,	ed address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name of Treasurer	G. M. Cray	
Mailing Address	157,36,5, Bockland Avenu	
	CITY STATE	105-
Title or Position	1 Telephone number	

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Mark Control of the C	· · · · · · · · · · · · · · · · · · ·		
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE ZIP CODE	
Title or Position	Telephor	ne number	
Banks or Other Depositor safety deposit boxes or ma	les: List all banks or other depositories in which the contains funds.	ommittee deposits funds, holds accounts, rents	3
Name of Bank, Depository,	etc.		
Ban	Kof OKlahoma	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address	17701, S. Western		
	Oklahoma City	J PK 173139-LI	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
			1
	CITY	STATE ZIP CODE	

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ANCY ERICKSON SECRETARY

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

DANA K MCCALLUM SUFERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DE 20510-7116 PHONE: (202) 224-0322

THE PRECEDING DOCUMENT WAS:
THE PRECEDENCE
HAND DELIVERED Date of Receipt 2-7-14
USPS FIRST CLASS MAILPostmark
USPS REGISTERED/CERTIFIEDPostmark
USPS PRIORITY MAIL
DELIVERY CONFIGNATION
USPS EXPRESS MAIL
OVERNIGHT DELIVERY SERVICE: SHIPPING DATE NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS
UPS
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AIRBORNE EXPRESS
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POSTMARK ILLEGIBLE NO POSTMARK
FAXDate of Receipt
OTHER
DATE PREPARED 3-11-14
PREPARER 11



