Image# 12971421709 PAGE 1 / 11

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

| | For Other Than An Authorized | Committee | Office | Use Only |
|--|---|--|---|---|
| NAME OF COMMITTEE (in full) | | ple: If typing, type he lines. | 12FE4M5 | |
| ProCure Treatment Ce | enters Inc. PAC | | <u> </u> | |
| | | | | |
| ADDRESS (number and street) | 192 Lexington Avenue 4th Floor | | | |
| Check if different than previously reported. (ACC) | New York | | NY 100 | 016 |
| 2. FEC IDENTIFICATION N | UMBER ▼ CITY ▲ | | STATE A | ZIP CODE ▲ |
| C C00476812 | 3. IS THIS REPORT | × NEW OR | AMENDE (A) | ED. |
| 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Compared to the compared to | PRE-Election Report for the: C C C C C C C C C C C C C | May 20 (M5) Jun 20 (M6) Jul 20 (M7) rimary (12P) onvention (12C) eneral (30G) | Aug 20 (M8 Sep 20 (M9 Oct 20 (M1 General (12G) Special (12S) Runoff (30R) | (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) |
| 5. Covering Period 09 | | through 06 | | 2012 |
| • | nis Report and to the best of my knowl | edge and belief it is tru | e, correct and comp | olete. |
| Type or Print Name of Treasure | er Vincent Tallman | | | |
| Signature of Treasurer Vinc | ent Tallman [I | Electronically Filed] | | 13 2012 |
| NOTE: Submission of false, erron | eous, or incomplete information may subj | ect the person signing th | is Report to the pena | alties of 2 U.S.C. §437g. |
| Office Use Only | | | FE | EC FORM 3X Rev. 12/2004 |

| | OF FEC Form 3X (Rev. 02/2003) | SUMMARY PAGE RECEIPTS AND DISBURSEMENTS | Page 2 |
|-----|--|---|-----------------------------------|
| W | rite or Type Committee Name | | <u> </u> |
| F | ProCure Treatment Centers Inc. PAG | C | |
| R | eport Covering the Period: From: 05 | / 24 / 2012 To: | 06 30 / 2012 |
| | _ | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) Cash on Hand January 1, 2012 | | 11446.21 |
| | (b) Cash on Hand at Beginning of Reporting Period | 3617.91 | |
| | (c) Total Receipts (from Line 19) | 1259.53 | 3481.23 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 4877.44 | 14927.44 |
| 7. | Total Disbursements (from Line 31) | 2500.00 | 12550.00 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 2377.44 | 2377.44 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| | This committee has qualified as a multicand | didate committee. (see FEC FORM 1M) | |
| | Fo | or 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)

Write or Type Committee Name

| ProCure | Treatment | Centers | Inc | PAC |
|----------|------------------|---------|-------|--------------|
| I IUCUIE | HEAUHEH | CELICIS | IIIO. | $I \wedge C$ |

| Report Covering the Period: From: 05 | 24 2012 To | o: 06 30 2012 |
|---|-------------------------------|-----------------------------------|
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| . Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | 942.42 | 1644.15 |
| (i) Itemized (use Schedule A) | 813.43 | 1044.13 |
| (ii) Heisensies d | 446.40 | 1837.08 |
| (ii) Unitemized(iii) TOTAL (add | 446.10 | 1037.00 |
| Lines 11(a)(i) and (ii) | 1259.53 | 3481.23 |
| Elifes Tr(a)(i) and (ii) | , 10,00 | |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | | |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | | 0404.00 |
| Totals to Line 33, page 5)▶ | 1259.53 | 3481.23 |
| 2. Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| All Leans Descrived | 0.00 | 0.00 |
| 3. All Loans Received | 7 | 0.00 |
| L. Lean Banasimanta Bassisad | 0.00 | 0.00 |
| I. Loan Repayments Received | 0.00 | 0.00 |
| 6. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 6. Refunds of Contributions Made | 7 7 | 7 7 |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| 7. Other Federal Receipts | 7 | 7 |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 3. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| | | |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | | 3 |
|). Total Federal Receipts | | |
| | | |

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 |
|----|--|-------------------------------|-----------------------------------|
| 1. | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | Caronian Tour to Buto |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) Non Foderal Chare | 0.00 | 0.00 |
| | (ii) Non-Federal Share(b) Other Federal Operating | 0.00 | 0.00 |
| | Expenditures | 0.00 | 50.00 |
| | (c) Total Operating Expenditures | 0.00 | 50.00 |
| | (add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party | 0.00 | 50.00 |
| • | Committees | 0.00 | 0.00 |
| | Contributions to Federal Candidates/Committees and Other Political Committees | 2500.00 | 12500.00 |
| | Independent Expenditures | | |
| | (use Schedule E) Coordinated Party Expenditures | 0.00 | 0.00 |
| | (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | Loan Repayments Made | 0.00 | 0.00 |
| | Loans MadeRefunds of Contributions To: | 0.00 | 0.00 |
| | (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| | (d) Total Contribution Defineds | | |
| | (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 |
| | Other Disbursements | 0.00 | 0.00 |
| | 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 | 0.00 |
| | (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 |
| | Total Disbursements (add Lines 21(c), 22, | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 2500.00 | 12550.00 |
| | Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| | from Line 31) | 2500.00 | 12550.00 |

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 |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 1259.53 | 3481.23 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1259.53 | 3481.23 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 50.00 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 50.00 |

1mage# 12971421714 PAGE 6 / 11

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XN Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE

| EMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | ` | ck only 11a 13 | · _ ′ | b | 11c 15 | 12 16 | 17 |
|---|---|---|----------------------|-------|---|-----------|----------|----|
| ny information copied from such Reports and Statements ma | , , , , | | | | | _ | | |

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) ProCure Treatment Centers Inc. PAC Full Name (Last, First, Middle Initial) Hadley Ford Date of Receipt Mailing Address 192 Lexington Ave 4th Floor 2012 31 City State Zip Code Transaction ID: A2012-1142011 NY New York 10016 Amount of Each Receipt this Period FEC ID number of contributing C 92.30 federal political committee. Name of Employer Occupation ProCure Treatment Centers Inc. Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 507.65 Other (specify) Full Name (Last, First, Middle Initial) B. Hadley Ford Date of Receipt Mailing Address 192 Lexington Ave 4th Floor 06 29 2012 City State Zip Code Transaction ID: A2012-1368004 New York NY 10016 Amount of Each Receipt this Period FEC ID number of contributing 92.30 federal political committee. Name of Employer Occupation ProCure Treatment Centers Inc. Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 599.95 Other (specify) Full Name (Last, First, Middle Initial) **c.** John B Frick Date of Receipt Mailing Address 5400 N Grand Blvd 05 31 2012 City State Zip Code Transaction ID: A2012-1142010 OK Oklahoma City 73112 Amount of Each Receipt this Period FEC ID number of contributing C 76.92 federal political committee. Name of Employer Occupation ProCure Treatment Centers Inc. Director Receipt For: Aggregate Year-to-Date ▼ Primary General 513.96 Other (specify) 261.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | FOR LINE NUMBER: | PA |
|--------------------------|------------------|----------|
| Use separate schedule(s) | (check only one) | |
| for each category of the | | — |
| Detailed Summary Page | X 11a 11b | 11c |
| | l | |

| FOR L | INE NU | JMBER | : | PAGE | 8 | OF | 11 |
|--------|--------|-------|---|------|----|----|----|
| (check | only o | ne) | | | | | |
| X 1 | 1a | 11b | | 11c | 12 | | |
| 1 | 3 | 14 | | 15 | 16 | | 17 |

| | nd Statements may not be sold or used by any per g the name and address of any political committee to | |
|--|--|------------------------------------|
| NAME OF COMMITTEE (In Full) | | |
| ProCure Treatment Centers | Inc. PAC | |
| Full Name (Last, First, Middle Initial) John B Frick | | Date of Receipt |
| Mailing Address 5400 N Grand Blvd | | 06 29 2012 |
| City | State Zip Code | Transaction ID : A2012-1368003 |
| Oklahoma City | OK 73112 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 192.31 |
| Name of Employer | Occupation | † |
| ProCure Treatment Centers Inc. | Director | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 00 0 | |
| Other (specify) ▼ | 706.27 | <u>L</u> |
| Full Name (Last, First, Middle Initial) John Henderson | | Date of Receipt |
| Mailing Address 192 Lexington Avenue 4th | Floor | M = M / D = D / Y = Y = Y |
| City | State 7:- O-4- | 05 31 2012 |
| City Now York | State Zip Code | Transaction ID : A2012-1142020 |
| New York | NY 10016 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 92.30 |
| Name of Employer | Occupation | 1 |
| ProCure Treatment Centers Inc. | Manager | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 507.65 | |
| Full Name (Last, First, Middle Initial) C. John Henderson | · | Date of Receipt |
| Mailing Address 192 Lexington Avenue 4th | n Floor | 06 29 2012 |
| City | State Zip Code | Transaction ID : A2012-1368013 |
| New York | NY 10016 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 92.30 |
| Name of Employer | Occupation | † |
| ProCure Treatment Centers Inc. | Manager | |
| Receipt For: | Aggregate Year-to-Date ▼ | 7 |
| Primary General | | |
| Other (specify) ▼ | 599.95 | |
| SUBTOTAL of Receipts This Page (optional | I) | 376.91 |
| , | | |
| TOTAL This Period (last page this line num | ber only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 9 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

11

for each category of the 12 Detailed Summary Page 14 13 15 16 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) ProCure Treatment Centers Inc. PAC Full Name (Last, First, Middle Initial) Laura Keester Date of Receipt Mailing Address 192 Lexington Avenue 4th Floor 2012 31 City Zip Code State Transaction ID: A2012-1142016 NY New York 10016 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation ProCure Treatment Centers Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura Keester Date of Receipt Mailing Address 192 Lexington Avenue 4th Floor 06 29 2012 City State Zip Code Transaction ID: A2012-1368009 NY New York 10016 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation ProCure Treatment Centers Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kelli Wilson Date of Receipt Mailing Address 192 Lexington Avenue 4th Floor 05 31 2012 City State Zip Code Transaction ID: A2012-1142014 NY New York 10016 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation ProCure Treatment Centers Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

11

14 13 15 16 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) ProCure Treatment Centers Inc. PAC Full Name (Last, First, Middle Initial) Kelli Wilson Date of Receipt Mailing Address 192 Lexington Avenue 4th Floor 2012 29 City Zip Code State Transaction ID: A2012-1368007 NY New York 10016 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation ProCure Treatment Centers Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... 813.43

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

| State Other State Other (specify) Transaction ID: B427301 Category The Date of Disbursement Other (specify) Transaction ID: B427301 Category Thouse Other (specify) Transaction ID: State: Other (specify) Transac | SCHEDULE B (FEC Form 3X) | | FOR LINE I | NUMBER: | PAGE 11 OF 11 |
|--|---|-----------------|-----------------|-----------------|-------------------------------|
| Anount of Each Disbursement this F Cardidate Name Mailing Address City State City State Disbursement Candidate Name Office Sought: House Prurpose of Disbursement Candidate Name Office Sought: House Prurpose of Disbursement Candidate Name Office Sought: Disbursement Category/ Type Office Sought: Date of Disbursement this F Category/ Type Office Sought: Date of Disbursement this F Category/ Type Office Sought: Date of Disbursement this F Category/ Type Office Sought: Date of Disbursement this F Category/ Type Office Sought: Date of Disbursement this F Category/ Type Office Sought: Date of Disbursement this F Category/ Type Office Sought: Date of Disbursement this F Category/ Type Office Sought: Date of Disbursement this F Amount of Each Disbursement this F Category/ Type Office Sought: Date of Disbursement this F Amount of Each Disbursement this F Category/ Type Office Sought: Date of Disbursement this F | ITEMIZED DISBURSEMENTS | | (check only 21b | one) 22 X | |
| NAME OF COMMITTEE (in Full) ProCure Treatment Centers Inc. PAC Full Name (Last, First, Middle Initial) A. Mullin for Congress Mailing Address 192 Lexington Avenue 4th Floor City State Zip Code NY 10016 Purpose of Disbursement Contribution Candidate Name Markwayne Mullin Citics Sought: House President State: District: City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement this F Amount of Each Disbursement this F Category/ Type Date of Disbursement Category/ Type Date of Disbursement Amount of Each Disbursement this F Amount of Each Disbursement this F Category/ Type Date of Disbursement Category/ Type Date of Disbursement this F Amount of Each Disbursement this F Category/ Type Date of Disbursement this F | | | | | |
| Procure Treatment Centers Inc. PAC Full Name (Last, First, Middle Initial) Mullin for Congress Mailing Address 192 Lexington Avenue 4th Floor City New York NY 10016 Purpose of Disbursement Contribution Cardidate Name Markwayne Mullin Office Sought: Senate President Category' Office Sought: General Office Sought: Senate President Category' Office Sought: Amount of Each Disbursement this F Category' Office Sought: Date of Disbursement Category' Type Date of Disbursement this F Category' Type Date of Disbursement this F Category' Type Office Sought: Date of Disbursement Amount of Each Disbursement this F Category' Type Office Sought: Date of Disbursement Amount of Each Disbursement this F Category' Type Office Sought: Date of Disbursement Amount of Each Disbursement Amount of Each Disbursement Category' Type Office Sought: Senate President Office Sought: Senate President Office Sought: Senate President Office Sought: Office Sought | | | | | |
| Mullin for Congress Mailing Address 192 Lexington Avenue 4th Floor City State Zip Code NY 10016 Purpose of Disbursement Candidate Name Mailking Address City State Zip Code NY 10016 President State: OK Dishirct: O2 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category' Type Office Sought: House Senate Primary General State: OK Dishirct: O2 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Senate Primary General State: Other (specify) ▼ Amount of Each Disbursement this F Category' Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category' Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category' Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Amount of Each Disbursement this F Category' Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Amount of Each Disbursement this F Category' Type Office Sought: House Senate Primary General Other (specify) ▼ | | AC . | | | |
| Mailing Address 192 Lexington Avenue 4th Floor | | | | | |
| Mailing Address 192 Lexington Avenue 4th Floor City State Zip Code NY 10016 Transaction ID: B427301 Transaction ID: B427301 Transaction ID: B427301 Amount of Each Disbursement this F 2500 Category/ Type City State: OK District: O2 Full Name (Last, First, Middle Initial) Transaction ID: B427301 Transaction ID: B427301 Transaction ID: B427301 Amount of Each Disbursement this F 2500 City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Date of Disbursement this F 2012 Amount of Each Disbursement this F 2012 Category/ Type Disbursement For: Senate Primary General Other (specify) ▼ Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Category/ Type Date of Disbursement Amount of Each Disbursement this F 2012 Category/ Type Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Category/ Type Category/ Type Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Category/ Type | A. Mullin for Congress | | | | |
| New York Purpose of Disbursement Contribution Office Sought: State: OK District: 02 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: Senate President Candidate Name Office Sought: State: District: Office Sought: State: District: Office Sought: State: District: Office Sought: State: District: Other (specify) ▼ Date of Disbursement this for: Category/ Type Office Sought: Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: Other (specify) ▼ Date of Disbursement this for: Category/ Type Office Sought: Other (specify) ▼ Amount of Each Disbursement this for: Category/ Type Office Sought: Other (specify) ▼ Amount of Each Disbursement this for: Category/ Type Office Sought: Other (specify) ▼ Other (specify) ▼ Category/ Type Other (specify) ▼ | Mailing Address 192 Lexington Avenue 4th Floor | | | | |
| Purpose of Disbursement Contribution Candidate Name Markwayne Mullin Candidate Name Markwayne Mullin Office Sought: Senate President State: OK District: 02 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement this f Category/ Type Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement this f Category/ Type Amount of Each Disbursement this f Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this f Category/ Type Date of Disbursement Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate President State: District: Category/ Type Office Sought: House Disbursement For: Senate President State: District: Other (specify) ▼ Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate President State: District: Date of Disbursement this f | | | | Transaction | on ID : B427301 |
| Markwayne Mullin Office Sought: House Primary General President State: OK District: O2 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Primary General President Other (specify) ▼ Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Primary General Other (specify) ▼ Amount of Each Disbursement Category/ Type Office Sought: House Primary General Primary | Purpose of Disbursement | 10016 | | | |
| Markwayne Mullin Office Sought: House Senate President State: OK District: 02 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Primary G | | | | Amount of I | Each Disbursement this Period |
| Senate President State: OK District: 02 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Full Name (Last, First, Middle Initial) C. City State Zip Code Primary General Other (specify) Date of Disbursement this Full Name (Last, First, Middle Initial) C. City State Zip Code Purpose of Disbursement For: Senate President State: District: Amount of Each Disbursement Cadegory/ Type Office Sought: House Disbursement For: Senate Primary General Primary General Other (specify) Office Sought: House Disbursement For: Senate President State: District: Distr | Markwayne Mullin | | | | 2500.00 |
| B. Mailing Address Date of Disbursement | Senate | Primary General | | | |
| Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial) City State Zip Code Date of Disbursement this F Category/ Type Date of Disbursement this F Category/ Type Amount of Each Disbursement this F Category/ Type Office Sought: House Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Primary General Other (specify) ▼ | | | | | |
| City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Category/ Type Other (specify) ▼ Date of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Coategory/ Type Office Sought: House Senate Primary General Other (specify) ▼ | | | | Date of Dis | |
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