| Image# 2 | 8990515728 |
|----------|------------|
|----------|------------|

| FEC FORM 1 | STATEMENT OF ORGANIZATION (See instructions) | Office use only | | | | |
|---|--|---------------------|--|--|--|--|
| 1. NAME OF COMMITTEE (in f | ull) (Check if name is changed) Example: If typying, type over the lines | 12FE4M5 | | | | |
| ONEOK Inc. E | nployee Political Action Committee | | | | | |
| ADDRESS (number and s | treet) | | | | | |
| (Check if addre is changed) | uss └─────────────────────────────────── | OK 74102 _ | | | | |
| | CITY | STATE ZIP CODE | | | | |
| COMMITTEE'S E-MAI | | | | | | |
| 1 | | | | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | | | | | |
| | | | | | | |
| | | | | | | |
| COMMITTEE'S FAX NUMBER 918-588-7114 | | | | | | |
| 2. DATE 0.7 | | | | | | |
| 3. FEC IDENTIFICA | 3. FEC IDENTIFICATION NUMBER C C00215384 | | | | | |
| 4. IS THIS STATEMENT X NEW (N) OR AMENDED (A) | | | | | | |
| 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 Mark W Smith | | | | | | |
| Signature of Treasurer | Electronically Filed by Mark W Smith | Date 02 / 22 / 2008 | | | | |
| NOTE: Submission of fal | se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V | | | | | |

| Office Use Only | | For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | FEC FORM 1 (Revised 02/2003) |
|-----------------------|--|---|---------------------------------|
| Only | | Local 202-694-1100 | (|

| | | | Page 2 | | |
|--|--------------------------------|---|---|--|--|
| 5. TYPE OF COMMITTEE (Check One) | | | | | |
| | (a) This com | mittee is a principal campaign committee. (Complete the candidate information below.) | | | |
| | (b) This com information | the candidate | | | |
| | Name of Candidate | | | | |
| | Candidate Party Affiliation | Office Sought: House Senate President | State District | | |
| | (c) This comr | mittee supports/opposes only one candidate, and is NOT an authorized committee. | | | |
| | Name of Candidate | | | | |
| | (d) This comr | mittee is a (National, State (or subordinate) committee of the | (Democratic, Republican,etc.) Party. | | |
| | (e) X This comr | mittee is a separate segregated fund | | | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. | | | | | |
| 6. | Name of Any Connecte | ed Organization or Affiliated Committee | | | |
| L | ONEOK Inc. | | | | |
| | | | | | |
| | Mailing Address | P.O. Box 871 | | | |
| | | | | | |
| | | Tulsa OK | 74102 _ 0871 _ | | |
| | | CITY STATE | ZIP CODE 🛦 | | |

Corporation w/o Capital Stock

Trade Association

 1

Cooperative

Labor Organization

Х

Relationship

Type of Connected Organization:

Membership Organization

Corporation

Connected

| \\/. | FEC Form 1 (Revis | | | Page 3 | |
|------|--|---|---------------------------------------|---------------------|--|
| vvi | ite or Type Committee Na | wee Political Action Committee | | | |
| | Custodian of Records: | Identify by name, address, (phone numbe ittee books and records. | r optional), and position of th | e person in | |
| | Full Name | | | | |
| | Mailing Address | P.O. Box 871 | | | |
| | | Tulsa | ОК | 74102 _ | |
| | Title or Position ▼ | | STATE | ZIP CODE 🛦 | |
| | VP Tre | easury Services | 918 Telephone number | 588 7130 | |
| | | ame and address (phone number optiona | | ttee; and the | |
| | Full Name | any designated agent (e.g., assistant treas | urer). | | |
| | Full Name | | urer). | | |
| | Full Name of Treasurer Ma | ark W Smith | urer). | 74102 | |
| | Full Name of Treasurer Ma | P.O. Box 871 | | 74102 ZIP CODE ▲ | |
| | Full Name of Treasurer Ma Mailing Address Title or Position ♥ | P.O. Box 871 | OK | | |
| | Full Name of TreasurerMa Mailing Address Title or Position ♥ VP Tre Full Name of Designated | P.O. Box 871 | <u>OK</u> | ZIP CODE 🛦 | |
| | Full Name of TreasurerMa Mailing Address Title or Position ♥ VP Tre Full Name of Designated | rk W Smith P.O. Box 871 Tulsa CITY A easury Services | <u>OK</u> | ZIP CODE 🛦 | |
| | Full Name of TreasurerMa Mailing Address Title or Position ♥ VP Tre Full Name of Designated AgentBe | rrk W Smith P.O. Box 871 Tulsa CITY A easury Services verly Monnet | <u>OK</u> | ZIP CODE 🛦 | |
| | Full Name of TreasurerMa Mailing Address Title or Position ♥ VP Tre Full Name of Designated AgentBe | ark W Smith P.O. Box 871 Tulsa CITY A easury Services verly Monnet P.O. Box 871 | OK STATE A Telephone number 918 | ZIP CODE A | |

| FEC Form 1 (Revised 02/2003) | Page 4 |
|------------------------------|--------|
| | |

 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.

| Com | munication Federal Credit Union | | |
|-----------------------------|---------------------------------|---------|----------|
| Mailing Address | 4141 NW Expressway | | |
| | | | |
| | Oklahoma City | οκ | 73116 |
| | CITY A | STATE 4 | ZIP CODE |
| Name of Bank, Depository, e | tc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🔺 | STATE ⊿ | ZIP CODE |

Image# 28990515732

Form/Schedule:**F1N** Transaction ID: **F1N** The Form 1 is being amended to disclose a new treasurer, custodian of records, and email address. The amendment is coded as new to allow for electronic filing.