Image# 12951949879 PAGE 1 / 4

FEC FORM 1			TEME GANIZ						Office U	lse Only		
NAME OF COMMITTEE (ir	ı full)	,	ck if name anged)		ole:If typing, ty ne lines.	/pe	12FE	24M5				
Oklahoma	Leade	rship C	Council									
ADDRESS (number a	nd street)	4031 N. Linc	oln Boulevard	l 								
(Check if address												
is changed)		Oklahoma C	City				OK] [73105		- 🖳	
				CITY			STATE			ZIP C	ODE	
COMMITTEE'S E-MA (Check if is change	address		vide only one illigan@ymail.		ess)	1 1 1		<u> </u>		<u> </u>		
COMMITTEE'S WEB (Check if is change	address	RESS (URL) www.okgop.o	com									
2. DATE 06	M / D T		10_									
3. FEC IDENTIFIC	CATION NU	MBER	C	C00167213								
4. IS THIS STATE!	MENT	NEW (N)	OR	×	AMENDED	(A)						
I certify that I have e	examined this	s Statement a	and to the be	st of my kn	owledge and b	belief it i	s true, d	correct a	and con	nplete.		
Type or Print Name	of Treasurer	ANTHONY	J FERATE									
Signature of Treasure	ANTHO!	NY J FERATE		[.	Electronically F	[iled]	Date	M M M	/ D	07	Y	2012
NOTE: Submission of		·			ct the person s	-			he pena	lties of	2 U.S.0	C. §437g.
Office					or further inform				FE	C E0		4

l U:	ice se nly				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	1 ago 2
Can	didate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	
(d)	×	This committee is a STA (National, State or subordinate) committee of the Rep	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revis	ed 02/2009)	Page 3
Write or Type Committee N	ame	
Oklahoma Le	adership Council	
	ed Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
Romney Victory, IN	$c_{_{\!\scriptscriptstyle{ }}}$	
1 1 1 1 1 1 1 1 1 1		
	585 Commercial Street	
Mailing Address		
	Boston	02109
	CITY	7ID CODE
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee X Joint Fundraising Representat	tive Leadership PAC Sponsor
 Custodian of Records: books and records. 	Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
ANGE	LA LAPLANTE	
Full Name	,4031 N. LINCOLN BLVD	
Mailing Address		
		72405
	OKLAHOMA CITY OK	73105
Title or Position	CITY STATE	ZIP CODE
ACTING CHAIRMAN	40	05 580 3501
 Treasurer: List the name any designated agent (e. 	and address (phone number optional) of the treasurer of the committee; g., assistant treasurer).	and the name and address of
Full Name ANTHO	ONY J FERATE	
of Treasurer		
Mailing Address	4031 N. LINCOLN BLVD	
	OKLAHOMA CITY OK	73105-5206
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	05 528 3501

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 2
Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc. ARVEST BANK	s accounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc.	s accounts, rents
safety deposit bo Name of Bank, I	Depository, etc. ARVEST BANK P.O. BOX 55500 OKLAHOMA CITY OK 73155	zip code
safety deposit bo Name of Bank, I	Depository, etc. ARVEST BANK P.O. BOX 55500 OKLAHOMA CITY OK 73155 CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. ARVEST BANK P.O. BOX 55500 OKLAHOMA CITY OK T73155 CITY STATE	
safety deposit be Name of Bank, I Mailing Address	Depository, etc. ARVEST BANK P.O. BOX 55500 OKLAHOMA CITY OK 73155 CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. ARVEST BANK P.O. BOX 55500 OKLAHOMA CITY OK T73155 CITY STATE	
Name of Bank, I	Depository, etc. ARVEST BANK P.O. BOX 55500 OKLAHOMA CITY OK T73155 CITY STATE	
safety deposit be Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. ARVEST BANK P.O. BOX 55500 OKLAHOMA CITY OK T73155 CITY STATE	