STATEMENT OF **ORGANIZATION**

FORM 1			IOAIII	AIIC	/1 4	14 F	FB-6 P	W 7. SI
NAME OF COMMITTEE (in	full)	16 14 '	Check if name changed)		nple:If typing, type the lines.	12FE4M5		
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ADDRESS (number a	nd street)	<u>P. 0</u>)., Bax	998	}			
(Check if address is changed)				I I I	<u> </u>			
	•	Bro	ken Ai	<u> </u>	4	OK 7	401 <u>3</u>	CODE A
COMMITTEE'S E-MA	AIL ADDR	ESS						
(Check if a is changed	address d)	Uga	nfacc	730	iol,.cam		· 	
		Optional :	Second E-Mail A Neheff	ddress Cac	1. com.	<u> </u>		
COMMITTEE'S WEB	address	•	•	-α _ι ς,:	forUSS	pate,	1	
2. DATE O.	2 6	3 2	014					
3. FEC IDENTIFIC	CATION N	IUMBER ▶	C					
4. IS THIS STATE	MENT 2	NEW	(N) OR		AMENDED (A)			
I certify that I have e	examined	this Stateme	nt and to the bes	st of my k	nowledge and belief i	t is true, correct ar	d complete.	
Type or Print Name	of Treasur	er /	Ange	<u>la (</u>	Gilmore	2		
Signature of Treasure	_	Go	so til	ليلا	<u></u>	Date <u>62</u>	0.3	2014
NOTE: Submission of	false, erro				ect the person signing ULD BE REPORTED \		e penalties o	f 2 U.S.C. §437g.
Office Use Only				:	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC F((Revised	

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	F	EC For	m 1 (Revised 02/2009)	Page 2
5.			DMMITTEE	
		E-Servi	Committee:	
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)	U	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
	Name Candi	•	Joan Farr	
	Candi		CAO Office	State OK
	Party	Affiliatio	on [IND] Sought: House X Senate President	District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi	_		
	•		20 - 20 - 12	
	Party	y Com	mittee: (National, State	(Democratic,
	(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (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.)	
	Joint	Fund	raising 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.	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
		Com	mittees Participating in Joint Fundraiser	
		Com		~~~~~
		1.	The interest of the interest o	
		2.	FEC ID number	<u></u>
		3.	FEC ID number	
		4.	FEC ID number	

CITY

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

STATE

Page 3

ZIP CODE

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Mailing Address

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent Mailing Address	U.can Farr P.O. Box 998	
Title or Position	BROKEN ARROW STATE CITY STATE TREASURER STATE Telephone number 9,1	7,4013- zip code 8 -698 -1328
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits fu xes or maintains funds. Depository, etc.	inds, holds accounts, rents
safety deposit bo	xes or maintains funds. Depository, etc. ARVEST BANK	inds, holds accounts, rents
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safety deposit book Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Depository, etc. Depository, etc. Depository, etc. Depository, etc. Depository, etc.	7,4,01,21-L
safety deposit bo. Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Depository, etc. Depository, etc. Depository, etc. Depository, etc. Depository, etc.	7,4,01,21-L



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PREPARER

United States Senate

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DANA K MECALLUM SUPERINTEIDENT

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

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