STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Abby Broyles for US Senate PO Box 12716 ADDRESS (number and street) (Check if address is changed) Oklahoma City 73157 OK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS danielle@heartlandcampaigns.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00725762 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. Broyles, Abby, , , Type or Print Name of Treasurer Broyles, Abby, , , [Electronically Filed] 10 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Name Cand	e of lidate	Broyles, Abby, , ,	
	lidate ⁄ Affiliati	on DEM Office Sought: House X Senate President	State OK District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(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 co	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 s committee. (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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(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	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	. ago c
Abby Broyles for US Senate	
6. Name of Any Connected Organization, Affiliated Committee, Jo	int Fundraising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
Mailing Address	
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee	Joint Fundraising Representative Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number books and records.	optional) and position of the person in possession of committee
Broyles, Abby, , , Full Name	
PO Box 12716 Mailing Address	
Oklahoma City	OK 73157
Title or Position CITY	STATE ZIP CODE
Candidate	Telephone number 405 - 812 - 8714
B. Treasurer: List the name and address (phone number optional) of any designated agent (e.g., assistant treasurer).	of the treasurer of the committee; and the name and address of
Full Name Broyles, Abby, , , of Treasurer	
Mailing Address PO Box 12716	
Oklahoma City	OK 73157
CITY Title or Position	STATE ZIP CODE
	Telephone number 405 - 812 - 8714

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit		
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc. ncFirst PO Box 26788	
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: 97 'A = G7 9 @ G5 B9 CI G'H9 LHF 9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Filing an amended SOW on October 1, 2021 after filing several Misc. 99 forms requesting to be taken off the account as secretary. The changes requested have still not been reflected on the account. I have not served as campaign secretary since filing of the 2020 year-end report in January of 2021.

Form/Schedule: Transaction ID: