Only

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STATEMENT OF **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. Tom Guild for Congress PO Box 6621 ADDRESS (number and street) (Check if address is changed) Edmond 73083-6621 OK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS CWELCH@CTPOK.NET (Check if address is changed) Optional Second E-Mail Address TOMGUILD@SBCGLOBAL.NET COMMITTEE'S WEB PAGE ADDRESS (URL) www.guildforcongress.com (Check if address is changed) DATE 2017 C00651984 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. Guild, Tom, , , Type or Print Name of Treasurer Guild, Tom,,, [Electronically Filed] 07 2017 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

Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		COMMITTEE	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	olete the candidate
	lidate	Guild, Thomas, , ,	
	lidate Affiliati	on DEM Office Sought: X House Senate President	State OK District 05
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee:  (National, State	Democratic,
(d)		· · · · · · · · · · · · · · · · · · ·	Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected 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 seg committee. (i.e., nonconnected committee)	gregated 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	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number C	
	1		

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Write or Type Committee N		, and the second
Tom Guild for	Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	e person in possession of committee
Guild,	Tom, , ,	
Mailing Address	PO Box 6621	
	Edmond	73083
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	405 921 - 3811
. <b>Treasurer:</b> List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committ g., assistant treasurer).	ee; and the name and address of
Full Name Guild, of Treasurer	Tom, , ,	
Mailing Address	PO Box 6621	
	Edmond OK	73083
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	405 921 - 3811

FFC Form	n 1 (Revised	0.2/2009)						Page 4
rec <b>Forr</b>	Desivery I II	0 2 1 2 0 0 3 )						raye 4
Full Name of Designated Agent	Welch, Cath	ny, , ,						
Mailing Address		2601 NW Expres	ssway					
Mailing Address	'	STE 503W						
		Oklahoma City			OK	73112		1-1
			CITY		STATE		ZIP C	ODE
Title or Position  Designated Age	ent			Telephone	number _	405	286	2686
Banks or Other safety deposit be Name of Bank,	oxes or mainta	ains funds.	or other depositories	s in which the com	mittee deposi	its funds, hol	lds acco	ounts, rents
safety deposit be	oxes or mainta Depository, etc	ains funds.	or other depositories	s in which the com	mittee deposi	its funds, hol	lds acco	ounts, rents
safety deposit be	Depository, etc	ains funds. c.		s in which the com	mittee deposi	its funds, hol	lds acco	ounts, rents
safety deposit be Name of Bank,	Depository, etc	ains funds. c. Oklahoma		s in which the com	mittee deposi	its funds, hol	lds acco	ounts, rents
safety deposit be Name of Bank,	Depository, etc	ains funds. c. Oklahoma		s in which the com	mittee deposi	73003	ds acco	ounts, rents
safety deposit be Name of Bank,	Depository, etc	Oklahoma		s in which the com			ds acco	
safety deposit be Name of Bank,	Depository, etc	Oklahoma  1400 S. Santa F	e	s in which the com	OK			
safety deposit be Name of Bank, Mailing Address	Depository, etc	Oklahoma  1400 S. Santa F.  Edmond  c.	e		OK	73003	ZIP C	
safety deposit be Name of Bank, Mailing Address	Depository, etc	Oklahoma  1400 S. Santa F.  Edmond  c.	e CITY		OK	73003	ZIP C	DODE
Name of Bank,  Name of Bank,  Name of Bank,	Depository, etc	Oklahoma  1400 S. Santa F.  Edmond  c.	e CITY		OK	73003	ZIP C	DODE
Safety deposit be Name of Bank, Mailing Address	Depository, etc	Oklahoma  1400 S. Santa F.  Edmond  c.	e CITY		OK	73003	ZIP C	DODE