

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

04 APR 29 PM 3:11

H.D. Office Use Only

1. NAME OF COMMITTEE (in full) X (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

Oklahoma Senate 2004

ADDRESS (number and street) 120 Maryland Avenue, NE

(Check if address is changed)

Washington DC 20002

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202 - 485 - 3120

2. DATE 04 29 2004

3. FEC IDENTIFICATION NUMBER C: 00400044

4. 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.

Type or Print Name of Treasurer Susan Markham

Signature of Treasurer Susana Markham Date 04 29 2004

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.

5. TYPE OF COMMITTEE (Check One)

- (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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee 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 Connected Organization or Affiliated Committee

Brad Carson for Senate _____

Mailing Address 818 Connecticut Avenue, NW _____

Washington _____ DC _____ 20006 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising Participant _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

5. TYPE OF COMMITTEE (Check One)

- (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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee 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 Connected Organization or Affiliated Committee

Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

Washington DC 20002
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising Participant

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

Oklahoma Senate 2004

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Susan MarkhamMailing Address 120 Maryland Avenue, NEWashington DC 20002Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲Telephone number 202 - 224 - 2447

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Susan MarkhamMailing Address 120 Maryland Avenue, NEWashington DC 20002Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲Telephone number 202 - 224 - 2447Full Name of Designated Agent Kristin HeidkampMailing Address 818 Connecticut Avenue, NWWashington DC 20006Title or Position Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲Telephone number 202 - 546 - 8100

Write or Type Committee Name

Oklahoma Senate 2004

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

 Telephone number _____-_____-_____

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer _____Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

 Telephone number _____-_____-_____Full Name of
Designated
Agent Darlene Setter _____Mailing Address 120 Maryland Avenue, NE _____

Washington, _____ ;DC | 20002 _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer _____
 Telephone number 202 _____-224 _____-2447 _____

9. 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.

Bank Of America

Mailing Address

730 - 15th Street, NW

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

Mail Building
Suite 232
Washington, DC 20510-7118
Phone: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 4-29-04
Date of Receipt

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Date of Receipt

OTHER (Specify):
 PRIORITY MAIL
 EXPRESS MAIL
 FEDERAL EXPRESS
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FIRST CLASS MAIL
Postmarked

FAX (48-HOUR NOTICES)
 FAX (FEC FORM #10)
 FAX (CAMPAIGN REPORT)
Date of Receipt

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