RECEIVED FEC MAIL CENTER

2009 NOV -4 AM II: 35

FEC FORM 1

STATEMENT OF ORGANIZATION

				OI	fice Use Only
1. NAME OF COMMITTEE (in ful		Check if name s changed)	Example:If typing, type over the lines.	12FE4M5	
Nathan D	ahm, Fo	r Congr	^e55		
			<u> </u>		
ADDRESS (number and s	treet) PO	BOX 123	2,3, , , , , , , , ,	111.1.1	
(Check if address is changed)		Ken arı	70FU	10.KJ 17.	4.0.1.31-12.3.2.31
		C	ПΥ	STATE	ZIP CODE
COMMITTEE'S E-MAIL	ADDRESS (Please	provide only one e-r	nail address)		
: (Check if add	COM	mittee	ena thandah	mc.o.m.	<u> </u>
is changed)		 			
COMMITTEE'S WEB PA	GE ADDRESS (U	RL)			
(Check if add	- Wur	4-Matha	ndohm·com		
is changed)	.ess				
2. DATE	′ 8 2 ′ 2	ŏŏ ŏ			
3. FEC IDENTIFICAT	ION NUMBER	(C)	entre ett vaterett vatertivati		
4. IS THIS STATEMEN	NEW	(N) OR	AMENDED (A)		
I certify that I have exam	nined this Stateme	ent and to the best of	of my knowledge and belief it	is true, correct and	l complete.
Type or Print Name of 1	reasurer <u>G</u>	ary Case	4		
Signature of Treasurer	Jano	High		Date 21	62/2009
NOTE: Submission of fals		•	nay subject the person signing the N SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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TYP	E OF C	OMMITTEE	
Car	ndidate	Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	. 7	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Nam Can	ne of didate	Dathan, Dahm,	1
	didate y Affiliat	on Rep Office X House Senate President	State 0
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Cor	ımittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par
Poli	itical A	ction Committee (PAC):	
(e)	 3	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
			_
		v ,	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	1,	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or par
		In addition, this committee is a Lobbyist/Registrant PAC.	

		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)	, j	This committee collects contributions, pays fundraising expenses and disburses net proceeds for	
		committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	£ 5	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Com	mittees Participating in Joint Fundraiser	
	COII		: ::::::::::::::::::::::::::::::::
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	2.	FEC ID number C	canilla
	3.		enterment in the stall out it.
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	4.	FEC (D number C	reje en

Write or Type Committee Nar	me	
	_	
Nathan Duhi		- desired DAG Green
6. Name of Any Connected	l Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
		<u> </u>
Mailing Address		<u>i </u>
	CITY STATE	ZIP CODE
Relationship: ; ; Connec	eted Organization Affiliated Committee	Leadership PAC Sponsor
:45	II. · · · · · · · · · · · · · · · · · ·	13
books and records. Full Name	y Casey	
Mailing Address	15,07, n. Rosedalle Olve	
	507, N. Rosedale Aue	
	507, N. Rosedale Aue	4,1,2,71-
	507, N. Rosedale Aue	4,1,2,7,-
Mailing Address Title or Position	507 N Rosedale Olue Tulsa CITY STATE	ZIP CODE
Mailing Address Title or Position Treasurer	STATE Telephone number optional) of the treasurer of the committee; and the state of	ZIP CODE - [5,8,7] - [4,7,0,0
Title or Position Treasurer: List the name any designated agent (e.g.	STATE Telephone number optional) of the treasurer of the committee; and the committee and the comm	ZIP CODE - [5,8,7] - [4,7,0,0
Title or Position Treasurer: List the name any designated agent (e.g.	STATE Telephone number optional) of the treasurer of the committee; and the committee and the committee and the committee.	ZIP CODE - [5,8,7] - [4,7,0,0
Mailing Address Title or Position Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	SOF N ROSEDALE OUE TUISA CITY STATE Telephone number — optional) of the treasurer of the committee; and the committee; and the committee and the committ	ZIP CODE - [5,8,7] - [4,7,0,0] The name and address of
Title or Position Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	SOF N ROSEDALE OUE TUISA CITY STATE Telephone number — optional) of the treasurer of the committee; and the committee; and the committee and the committ	ZIP CODE -[5,8,7]-[4,7,0,0

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Full Name of Designated Agent	rii Renfiro	<u> </u>	
Mailing Address	13538, 5 New Have	n ave	
		<u> </u>	<u> </u>
	[T ₁ U ₁ I ₁ S ₁ a ₁ city	STATE	74135-
Title or Position	. T		181-18221-11410
Banks or Other Deposi safety deposit boxes or r Name of Bank, Deposito		h the committee deposits f	unds, holds accounts, rents
<u>(0, r</u> ,	vest Bank	<u>. </u>	
Mailing Address	4.10 n E 1 m		
	Jenks	UK	74037-
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ry, etc.		
لــــــــا		11111111	
Mailing Address			
		<u> </u>	
		لنا لبن	
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMM The FEC added this page to the end of this filing to indice	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Co	nfirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	iness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
Si-	11/4/29
' I	