(Revised 06/2012)

Only

## STATEMENT OF

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FORM 1		0	RGAN	IIZAT	ION						0	ffice II	se Onl	v		
1. NAME OF COMMITTEE (in	full)		Check if nams changed)		xample: ver the	If typing lines.	, type	1	2FI	Ξ4M!		ince o	se On	<u>y</u>		
OK Integrity	PAC						<u> </u>									
ADDRESS (number and street)  (Check if address is changed)		PO Box 5	54375													
io onangoo	•,	Oklahom	a City						OK		731	154		]-[		
		CI	TY 🛦					S	TATE	<b>A</b>			ZIF	COL	DE ▲	
COMMITTEE'S E-MA	AIL ADDRE	ESS														
		info@ok	integritypac.c	om												
•	•	Optional	Second E-Ma	ail Address												
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (UF	RL)													
2. DATE 0°		D / Y	2024													
3. FEC IDENTIFIC	CATION N	UMBER <b>&gt;</b>		C00761	239											
4. IS THIS STATEN	MENT >	NEW	(N) <b>O</b>	R		AMEND	ED (A)									
certify that I have e	examined t	his Stateme	nt and to the	best of m	y knowl	edge an	d belief	it is t	rue, d	correc	t and	l com	plete.			
Type or Print Name	of Treasure	er <u>Horn, Ke</u>	endra, , ,													
Signature of Treasure	er Horr	n, Kendra, , ,						Dat	te	0 <sup>-</sup>	1 /	3	B1	/ Y	2024	YYY
NOTE: Submission of	false, error		omplete inform									pena	Ities o	f 52 l	J.S.C.	§30109.
Office Use						urther inf			et:				C F	_		

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	<i>.</i> .)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Preside	State ent District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(National, State (De	emocratic, publican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (h	Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candid	·
This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1	

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V	Vrite or Type Committee Name	<b>、</b>	
	OK Integrity PAC		
6.		ganization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
	NONE		
	Mailing Address		
			[-] [
		CITY ▲ STATE ▲	ZIP CODE ▲
	Dalatianahin. Cannastad		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and position of the person in poss	ession of committee
	Horn Kond	ro	
	Horn, Kend	Ia,,,	
	Mailing Address	PO Box 54375	
		Oklahoma City OK 731	54
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	-   990   -   2488
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name Horn, Kend	ra	
	of Treasurer	 	
	Mailing Address	PO Box 54375	
		Oklahoma City OK 731	54
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		990 – 2488

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Full Name of Designated		
Agent		
Mailing Address		
Title or Position	CITY ▲ STATE	▲ ZIP CODE ▲
	Depositories: List all banks or other depositories in which the committee deposites or maintains funds.	sits funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	Amalgamated Bank	
Mailing Address	1825 K St NW	
	Washington	
	CITY ▲ STATE	▲ ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲ STATE	▲ ZIP CODE ▲