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# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

HAL SPAKE FOR CONGESS

11325 S TIMBERLINE DR

ADDRESS (number and street) ▼

☐ (Check if address is changed)

NORMAN OK 73026-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

halspake4congress@sbcglobal.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

//halspake.com

COMMITTEE'S FAX NUMBER

405-292-6243

2. DATE 07 / 23 / 2006

3. FEC IDENTIFICATION NUMBER ▶ C

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 LINDA C. WADE

Signature of Treasurer [signature] Date 07 / 31 / 2006

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 Use Only | | | | |
|---|---|---|---|---|

**For further information contact:**
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

**FEC FORM 1**
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(a) [X] 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: HAL ~~HAROLD EARL~~ SPAKE JR

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State:

District: 04

(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**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name

HAL SPAKE FOR CONGRESS

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: LINDA WADE

Mailing Address: 3016 N PEEBLY AR

MIDWEST CITY OK 73110-

Title or Position▼: TREASURER

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 405-919-9358

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: LINDA WADE

Mailing Address: 3016 N PEEBLY AR

MIDWEST CITY OK 73110-

Title or Position▼: TREASURER

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 405-919-9358

Full Name of Designated Agent:

Mailing Address:

Title or Position▼

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number

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 OKLAHOMA

Mailing Address 350 W MAIN

NORMAN OK 73072-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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| JMN | 8-9-06 |
| PREPARER | DATE PREPARED |

(3/2005)