

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC WORKS

14 FEB 18 PM 2:18

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

BROGDON FOR U.S. SENATE

ADDRESS (number and street)

5103 S SHERIDAN #270

(Check if address is changed)

TULSA

OK

74145

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

mail@randybrogdon.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.randybrogdon.com

(Check if address is changed)

2. DATE

02 / 12 / 2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

Checked box

NEW (N)

OR

Unchecked box

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.

Kirk Schauer

Type or Print Name of Treasurer

Signature of Treasurer

Handwritten signature

Date

02 / 12 / 2014

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 02/2009)

14020152234

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 RANDALL C. BROGDON

Candidate Party Affiliation REP Office Sought:  House  Senate  President State OK District

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

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

14020152235

Write or Type Committee Name

BROGDON FOR U.S. SENATE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

KIRK SCHAUER

Mailing Address

616 SOUTH BOSTON AVE

STE 300

TULSA

OK

74119

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

417

872

8365

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

KIRK SCHAUER

Mailing Address

616 SOUTH BOSTON AVE

STE 300

TULSA

OK

74119

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

417

872

8365

14020152236

Full Name of Designated Agent

LYNDSEY LEWIS

Mailing Address

5103 S SHERIDAN #270

TULSA

CITY

OK

STATE

74145

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

918

223

3187

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

515 S. BOULDER AVE

TULSA

CITY

OK

STATE

74103

ZIP CODE

4207

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14020152237

**EXTREMELY URGENT**

Please Rush To Addressee  
PLEASE PRESS FIRMLY

Schedule package pickup right from your home or office at [usps.com/pickup](http://usps.com/pickup).  
Print postage online

PLEASE PRESS FIRMLY



UNITED STATES POSTAL SERVICE

*SNOW*

Flat Rate Envelope  
Visit us at [usps.com](http://usps.com)

**EXTREMELY URGENT**

Please Rush To Addressee

U.S. POSTAGE  
TULSA OK 0K  
FEB 12 11 15 14  
RESIDENT  
\$19.99  
00075675-05



PLEASE NOTE:  
When used internationally affix customs declarations (PS Form 2976, or 2976A).

**CUSTOMER USE ONLY**

FROM: (PLEASE PRINT)

PHONE: ( ) - -

*Brookings Center  
Tulsa, OK 74115*

PAYMENT BY ACCOUNT (if applicable)

**DELIVERY OPTIONS (Customer Use Only)**

SIGNATURE REQUIRED

Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If secure location is not indicated, the Postal Service will leave the item in the addressee's mail receptacle or other delivery location without attempting to obtain the addressee's signature on delivery.

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available)

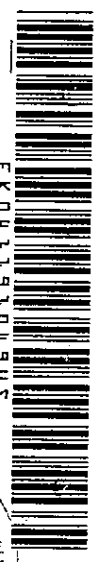
Refer to [USPS.com](http://USPS.com) for availability.

TO: (PLEASE PRINT)

PHONE: ( ) - -

ZIP + 4 (U.S. ADDRESSES ONLY)

For pickup or USPS Tracking™, visit [USPS.com](http://USPS.com) or call 800-222-1811.  
\$100.00 Insurance Included.



E K 0 4 3 3 9 1 0 4 9 0 5



PRIORITY MAIL EXPRESS™

**ORIGIN (POSTAL SERVICE USE ONLY)**

1-Day

2-Day

Military

DPO

PO ZIP Code

Scheduled Delivery Date (MM/DD/YYYY)

Scheduled Delivery Time  AM  PM

Date Accepted (MM/DD/YYYY)

Postage \$

Insurance Fee \$

COD Fee \$

Time Accepted  AM  PM

Weight lbs. ozs.

Flat Rate

Live Shipment

Sunday/Holiday Premium

Permit Receipt Fee \$

Total Postage & Fees \$

Acceptance Employee Inmate

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY) Time

Delivery Attempt (MM/DD/YYYY) Time

Employee Signature (in English)

Label 11-B, JULY 2013

PSN 7890-02-000-9998

3-ADDRESSEE COPY



*N/L  
2/14*

**SCREENED BY THE SENATE POST OFFICE**



PS10001000006

85225102071

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 2/12/14 \_\_\_\_\_  
Postmark

### OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

### NEXT BUSINESS DAY DELIVERY

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 2/18/14

14020152239



14020152240