FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	RECEIVED FEC MAIL CENTER 2009 APR 15 A 10: 19 Office use only
1. NAME OF COMMITTEE (in fu	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
Oklahomans fo	r Mike Thompson	
ADDRESS (number and st	PO Box 60332 est) PO Box 60332 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
COMMITTEE'S E-MAIl (Check if address is changed)	ADDRESS (Please provide only one e-mail address)	
COMMITTEE'S WEB PA	AGE ADDRESS (URL)	<del>.</del>
Check if address		
2. DATE M M		
3. FEC IDENTIFICA		• •
4. IS THIS STATEME	NT X NEW (N) OR AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of my knowledge and belief it is true, correct TreasurerSteve Ralls	and complete
Signature of Treasure	•	Date 04 07 2009

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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)
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FEC F	form 1 (Revised 02/2009)	Page 2		
TYPE OF COMMITTEE (Check One)				
Candidate	Committee:			
(a) <u>X</u>	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 information below.)	the candidate		
Name of Candidate				
Candidate Party Affiliat	ion Rep Sought: X House Senate President	State OK District 05		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Com	······································			
(d)	(National, State (I This committee is a (or subordinate) committee of the	Democratic, epublican,etc.) Party.		
Political Ad	ction Committee (PAC):			
(e) :	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:		
	Corporation Corporation w/o Capital Stock	or Organization		
	Membership Organization	perative		
(f)	In addition, this committee is a Lobbyist/Registrant PAC.			
(f) , ""	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ated 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.)			
Joint Fund	alsing Representative:			
(g) ' · ·	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political		
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for th committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political		
Com	mittees Participating in Joint Fundraiser			
	1. [] FEC ID number			
	2. <b>FEC ID number</b>	······		

3.	FEC ID number	
4.	FEC ID number	

Vrite or Type Committee Name Oklahomans for Thomp			
	· · · ·		·
Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representative	, or Leadership PAC Spo
		<b>L.I.I.</b>	
Mailing Address		<u> </u>	
	CITY	STATE	
Relationship:	on Affiliated Committee Joint F	undraising Representative	Leadership PAC Sponsor
possession of Committe	ee books and records.		
Full Name			⊥ ↓ ↓ ↓ ↓ ↓ ↓ ↓ 
Full Name	CITY A		
Full Name Mailing Address Title or Position ♥  Treasurer:List the name	CITY A	STATE▲ Telephone number f the treasurer of the comm	
Full Name Mailing Address Title or Position ♥  Treasurer:List the name name and address of ar Full Name	CITY A	STATE▲ Telephone number f the treasurer of the comm	
Full Name	CITY A e and address (phone number optional) o ny designated agent (e.g., assistant treasure	STATE▲ Telephone number f the treasurer of the comm	
Full Name          Mailing Address         Title or Position ▼	CITY A e and address (phone number optional) o ny designated agent (e.g., assistant treasure Ralls	STATE▲ Telephone number f the treasurer of the comm	
Full Name	CITY A city A e and address (phone number optional) o ny designated agent (e.g., assistant treasure Ralls PO Box 651374	STATE▲ Telephone number f the treasurer of the commer).	ZIP CODE A

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FEC Form 1 (Revised 02/2009)

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address	- <u></u>		
Title or Position ♥	CITY	STATEA	
	Telepho	one number	
Banks or Other Deposit safety deposit boxes or Name of Bank, Deposito		ommittee deposits fund	ds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposito	maintains funds.	ommittee deposits fund	ds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.	ommittee deposits fund	ds, holds accounts, rents
safety deposit boxes or a Name of Bank, Deposito Ba	maintains funds. ory, etc. IncFirst PO Box 26788	ommittee deposits fund	ds, holds accounts, rents
safety deposit boxes or a Name of Bank, Deposito Ba	maintains funds. ory, etc. IncFirst PO Box 26788	Committee deposits fund	ds, holds accounts, rents
safety deposit boxes or a Name of Bank, Deposito Ba	maintains funds. pry, etc. IncFirst PO Box 26788 L		
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