

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Cole for Congress

ADDRESS (number and street) P.O. Box 722256
 Check if different than previously reported. (ACC)
Norman OK 73070

2. **FEC IDENTIFICATION NUMBER** C00379735
CITY STATE ZIP CODE STATE DISTRICT
3. **IS THIS REPORT** **NEW (N)** OR **AMENDED (A)**
OK 04

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Rick Nagel
Signature of Treasurer Electronically Filed by Rick Nagel Date 01 28 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Cole for Congress

Report Covering the Period:

From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	8780.00	8780.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	4000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8780.00	4780.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	20811.91	28501.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1115.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20811.91	27385.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	355413.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Cole for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

6150.00

6150.00

(ii) Unitemized.....

630.00

630.00

(iii) TOTAL of contributions

6780.00

6780.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

2000.00

2000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

8780.00

8780.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

1115.40

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

870.30

870.30

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

9650.30

10765.70

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20811.91	28501.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4000.00
21. OTHER DISBURSEMENTS.....	2000.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	22811.91	34501.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	368574.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	9650.30
25. SUBTOTAL (add Line 23 and Line 24).....	378225.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22811.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	355413.24

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 18
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Cole for Congress

A.

Full Name (Last, First, Middle Initial) Michael Levy		Date of Receipt MM / DD / YYYY 11 / 25 / 2008
Mailing Address 1501 N Highway Lane		Transaction ID: 90127.C10540
City Alexandria	State VA	Zip Code 22311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CPB	Occupation EVP	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Pechanga Band Of Mission Indians		Date of Receipt MM / DD / YYYY 12 / 01 / 2008
Mailing Address P.O. Box 1477		Transaction ID: 81203.C10522
City Temecula	State CA	Zip Code 92593
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer Indian tribe	Occupation Indian tribe	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

C.

Full Name (Last, First, Middle Initial) Barry Moore		Date of Receipt MM / DD / YYYY 12 / 10 / 2008
Mailing Address 247 N Broadway, Ste 102 Suite 605		Transaction ID: 81216.C10523
City Edmond	State OK	Zip Code 73034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The BKM Group	Occupation Executive	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3350.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cole for Congress

A.	Full Name (Last, First, Middle Initial) Ho-Chunk Nation	Date of Receipt MM / DD / YYYY 12 / 29 / 2008
	Mailing Address PO Box 640	Transaction ID: 90105.C10530
	City State Zip Code Black River Falls WI 54615	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Tribe	Occupation Tribe	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

B.	Full Name (Last, First, Middle Initial) Jess M Nichols	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 16545 CSR 206	Transaction ID: 90127.C10541
	City State Zip Code Altus OK 73521	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Farmer	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Shelly Perkins	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 5705 SE 86th	Transaction ID: 90127.C10538
	City State Zip Code Oklahoma City OK 73101	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Freelance Photographer	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	6150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 18	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A.	Full Name (Last, First, Middle Initial) The American Institute of Architects PAC		Date of Receipt
	Mailing Address 1735 New York Ave, NW		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20006
	FEC ID number of contributing federal political committee.		Transaction ID: 90105.C10525
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="2000.00"/>
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2000.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
BancFirst

Mailing Address PO Box 988

City State Zip Code
Norman OK 73070-0988

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 214.73

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 8

Transaction ID: 90121.C10535

Amount of Each Receipt this Period
214.73

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE:Interest Received

B. Full Name (Last, First, Middle Initial)
BancFirst

Mailing Address PO Box 988

City State Zip Code
Norman OK 73070-0988

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 425.88

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8

Transaction ID: 90121.C10534

Amount of Each Receipt this Period
211.15

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE:Interest Received

C. Full Name (Last, First, Middle Initial)
Bank2

Mailing Address 909 South Meridian

City State Zip Code
Oklahoma City OK 73108-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 280.53

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 8

Transaction ID: 90121.C10537

Amount of Each Receipt this Period
280.53

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE:Interest Received

SUBTOTAL of Receipts This Page (optional) ► **706.41**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A.

Full Name (Last, First, Middle Initial)
Bank2

Mailing Address 909 South Meridian

City State Zip Code
Oklahoma City OK 73108-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
430.83

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 0 8

Transaction ID: 90121.C10536

Amount of Each Receipt this Period
150.30

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE:Interest Received

SUBTOTAL of Receipts This Page (optional)	▶	150.30
TOTAL This Period (last page this line number only)	▶	856.71

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cole for Congress

A.

Full Name (Last, First, Middle Initial)
1-800-Conference

Mailing Address PO Box 5075

City State Zip Code
Saginaw MI 48605-5075

Purpose of Disbursement
Phone Conferencing
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 81216.E3100
Date of Disbursement

1 2 / 0 4 / 2 0 0 8

Amount of Each Disbursement this Period

90.26

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE CONFERENCING

B.

Full Name (Last, First, Middle Initial)
1-800-Conference

Mailing Address PO Box 5075

City State Zip Code
Saginaw MI 48605-5075

Purpose of Disbursement
Phone Conferencing
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 90105.E3109
Date of Disbursement

1 2 / 2 9 / 2 0 0 8

Amount of Each Disbursement this Period

36.33

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE CONFERENCING

C.

Full Name (Last, First, Middle Initial)
Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave., SE

City State Zip Code
Washington DC 20003-

Purpose of Disbursement
Accounting filing Software
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 81216.E3101
Date of Disbursement

1 1 / 2 8 / 2 0 0 8

Amount of Each Disbursement this Period

1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ACCOUNTING FILING SOFTWARE

SUBTOTAL of Disbursements This Page (optional) ▶

1626.59

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
AT&T Mobility/Cingular Wireless

Mailing Address P.O. Box 6463

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement Telephone Expense

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81203.E3093
Date of Disbursement 12 / 02 / 2008

Amount of Each Disbursement this Period 45.42

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001 Category/Type

TELEPHONE EXPENSE

B. Full Name (Last, First, Middle Initial)
AT&T Mobility/Cingular Wireless

Mailing Address P.O. Box 6463

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement Telephone Expense

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90105.E3104
Date of Disbursement 12 / 23 / 2008

Amount of Each Disbursement this Period 51.59

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001 Category/Type

TELEPHONE EXPENSE

C. Full Name (Last, First, Middle Initial)
BB&T

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement Bank Wire and Service Fee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81201.E3089
Date of Disbursement 12 / 01 / 2008

Amount of Each Disbursement this Period 196.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001 Category/Type

BANK WIRE AND SERVICE FEE

SUBTOTAL of Disbursements This Page (optional) ► 293.01

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cole for Congress

A.

Full Name (Last, First, Middle Initial)
BB&T

Transaction ID: 90113.E3115
Date of Disbursement

Mailing Address PO Box 200

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Wilson State NC Zip Code 27894-0200

Amount of Each Disbursement this Period

67.00

Purpose of Disbursement
Bank Service Fee

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

BANK SERVICE FEE

State: District:

B.

Full Name (Last, First, Middle Initial)
CMA Strategies, Inc.

Transaction ID: 81216.E3097
Date of Disbursement

Mailing Address 201 Robert S. Kerr, Suite 301

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	8

City Oklahoma City State OK Zip Code 73102-

Amount of Each Disbursement this Period

1534.14

Purpose of Disbursement
SEE BELOW: PAYMENT

--

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SEE BELOW: PAYMENT

State: District:

C.

Full Name (Last, First, Middle Initial)
CMA Strategies, Inc.

Transaction ID: 81216.E3098
Date of Disbursement

Mailing Address 201 Robert S. Kerr, Suite 301

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	8

City Oklahoma City State OK Zip Code 73102-

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Political Consulting

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: POLITICAL CONSULTING

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1601.14

TOTAL This Period (last page this line number only) ►

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cole for Congress

<p>A. Full Name (Last, First, Middle Initial) CMA Strategies, Inc.</p> <p>Mailing Address 201 Robert S. Kerr, Suite 301</p> <p>City Oklahoma City State OK Zip Code 73102-</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81216.E3099</p> <p>Date of Disbursement 12 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 34.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: TELEPHONE EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) Cox Communications</p> <p>Mailing Address P.O. Box 268870</p> <p>City Oklahoma City State OK Zip Code 73126-8870</p> <p>Purpose of Disbursement Cable and Internet Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90121.E3125</p> <p>Date of Disbursement 12 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1077.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CABLE AND INTERNET EXPENSE</p>
<p>C. Full Name (Last, First, Middle Initial) FEC Financial</p> <p>Mailing Address PO Box 651374</p> <p>City Sterling State VA Zip Code 20165-1374</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81201.E3086</p> <p>Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ACOCUNTING SERVICES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2077.79

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cole for Congress

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: 90105.E3103 Date of Disbursement 12 / 16 / 2008
	Mailing Address PO Box 1140	Amount of Each Disbursement this Period 66.95
	City Memphis State TN Zip Code 38101-1140	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
	Purpose of Disbursement Postage Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type: 001 POSTAGE EXPENSE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Flat Creek Management, LLC	Transaction ID: 90105.E3102 Date of Disbursement 12 / 16 / 2008
	Mailing Address 1708 21st Avenue South #140	Amount of Each Disbursement this Period 842.46
	City Nashville State TN Zip Code 37212-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
	Purpose of Disbursement Web Development Hosting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type: 004 WEB DEVELOPMENT HOSTING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Paychex Inc.	Transaction ID: 90121.E3123 Date of Disbursement 11 / 25 / 2008
	Mailing Address 3060 Williams Drive #200	Amount of Each Disbursement this Period 211.98
	City Fairfax State VA Zip Code 22031-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
	Purpose of Disbursement Payroll Service fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type: 001 PAYROLL SERVICE FEE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1121.39
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cole for Congress

A.	Full Name (Last, First, Middle Initial) Paychex Inc.	Transaction ID: 90105.E3114 Date of Disbursement 11 / 30 / 2008
	Mailing Address 3060 Williams Drive #200	Amount of Each Disbursement this Period 10925.50
	City State Zip Code Fairfax VA 22031-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW: PAYROLL	SEE BELOW: PAYROLL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Christina Canamar	Transaction ID: 90128.E3132 Date of Disbursement 11 / 30 / 2008
	Mailing Address 2200 Classen Blvd. Apt. 2122	Amount of Each Disbursement this Period 2200.00
	City State Zip Code Norman OK 73071-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll / Salary	[MEMO ITEM] MEMO: PAYROLL / SALARY
	Candidate Name	Category/Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ryan Owens	Transaction ID: 90128.E3133 Date of Disbursement 11 / 30 / 2008
	Mailing Address 2036 East View Dr.	Amount of Each Disbursement this Period 7953.33
	City State Zip Code Norman OK 73071-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll / Salary	[MEMO ITEM] MEMO: PAYROLL / SALARY
	Candidate Name	Category/Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10925.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cole for Congress

A.	Full Name (Last, First, Middle Initial) Paychex Inc.	Transaction ID: 90128.E3134 Date of Disbursement 11 / 30 / 2008
	Mailing Address 3060 Williams Drive #200	Amount of Each Disbursement this Period 772.17
	City Fairfax State VA Zip Code 22031-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Tax Payment Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: TAX PAYMENT
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Paychex Inc.	Transaction ID: 90121.E3122 Date of Disbursement 12 / 08 / 2008
	Mailing Address 3060 Williams Drive #200	Amount of Each Disbursement this Period 83.94
	City Fairfax State VA Zip Code 22031-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Service fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL SERVICE FEE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Republican Party of Cleveland County	Transaction ID: 90105.E3113 Date of Disbursement 12 / 17 / 2008
	Mailing Address 5011 Point Fowler Ave	Amount of Each Disbursement this Period 1000.00
	City Norman State OK Zip Code 73026-6959	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Sponsorship Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	EVENT SPONSORSHIP
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1083.94
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cole for Congress

A.	Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 129 W Gray St City Norman State OK Zip Code 73069-9998 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90105.E3112 Date of Disbursement 12 / 17 / 2008 Amount of Each Disbursement this Period 1470.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B.	Full Name (Last, First, Middle Initial) Visa Corporate Card Center Mailing Address PO Box 6139 City Norman State OK Zip Code 73070-6139 Purpose of Disbursement SEE BELOW: PAYMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90105.E3105 Date of Disbursement 12 / 23 / 2008 Amount of Each Disbursement this Period 124.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW: PAYMENT
C.	Full Name (Last, First, Middle Initial) Switzers Locker Room Mailing Address 905 SE 19th City Moore State OK Zip Code 73160- Purpose of Disbursement Storage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90105.E3106 Date of Disbursement 12 / 23 / 2008 Amount of Each Disbursement this Period 124.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STORAGE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	1594.00
TOTAL This Period (last page this line number only) ▶	20323.36

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cole for Congress

A.

Full Name (Last, First, Middle Initial)
BARRETT FOR CONGRESS

Mailing Address PO BOX 869

City Westminster State SC Zip Code 29693-

Purpose of Disbursement
Political Contribution

Candidate Name
GRESHAM BARRETT

Office Sought: House
 Senate
 President

State: SC District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 90121.E3119

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00