FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1                     |                        | (See instruct                |               | •   |                        |           |            |          |                                |       |         |           |
|----------------------------|------------------------|------------------------------|---------------|---|------------------------|-----------|------------|----------|--------------------------------|-------|---------|-----------|
|                            |                        | `                            |               |   |                        |           |            | Office u | se only                        |       |         | _         |
| NAME OF COMMITTEE (in      | n full)                | (Check if name is changed)   |               | ole: If typying<br>ne lines   | j, type                | 12FE      | 4M5        |          |                                |       |         |           |
| ا , Fallin for Cor         | aroce                  |                              |               |   |                        |           |            |          |                                |       |         |           |
| Fallin loi Coi             | igiess                 |                              |               |   | шш                     |           | Ш          |          |                                |       |         | لـ        |
|                            |                        |                              |               |   | шш                     |           | ш          |          |                                |       | ш       | $\Box$    |
| ADDRESS (number and        | d street)              | PO Box 720634                |               |   |                        |           | Ш          |          |                                |       |         | ⅃         |
| (Check if add              | dress                  |                              |               |   | шш                     |           | ш          |          |                                |       |         | $\Box$    |
| is changed)                |                        | Oklahoma City                |               |   | ш                      | ОК        |            | 7        | 73172                          | - L   |         |           |
|                            |                        |                              | CITY▲         |   |                        | STATE     | •          |          | ZIP CC                         | DE 📥  | •       |           |
| COMMITTEE'S E-MA           | AIL ADDRESS            |                              |               |   |                        |           |            |          |                                |       |         |           |
|                            |                        |                              |               |   | шш                     |           | Ш          |          |                                |       |         | ┙         |
|                            |                        |                              |               |   |                        |           | ш          |          | ш                              |       |         | $\rfloor$ |
| COMMITTEE'S WEE            | B PAGE ADDRI           | ESS (URL)                    |               |   |                        |           |            |          |                                |       |         |           |
|                            |                        |                              |               |   |                        |           | ш          |          | ш                              |       |         | ⅃         |
|                            |                        |                              |               |   |                        |           |            |          | 111                            |       | 1 1     | $\Box$    |
| 2. DATE 0                  | M / D D                | / Y Y Y Y Y Y 2 0 0 8        |               |   |                        |           |            |          |                                |       |         |           |
| 3. FEC IDENTIFIC           | ATION NUMBE            | R                            | <b>C</b> C004 | 15778   |                        |           |            |          |                                |       |         |           |
| 4. IS THIS STATE           | MENT X                 | NEW (N) OR                   |               | AMEND   | ED (A)                 |           |            |          |                                |       |         |           |
| I certify that I have exar | mined this Statem      | ent and to the best of my ki | nowledge and  | belief it is true   | e, correct an          | d complet | te         |          |                                |       |         | _         |
| Type or Print Name o       | f Treasurer            | Michael E. Dee               | ba            |   |                        |           |            |          |                                |       |         |           |
| Signature of Treasure      | er El <u>ectronica</u> | ally Filed by <b>Michael</b> | E. Deeba      |   |                        | Date      | <b>0 7</b> | / D      | <b>2</b> <sup>D</sup> <b>5</b> | YY    | 2 0 0 8 | <b>3</b>  |
| NOTE: Submission of f      |                        | or incomplete information m  |               |   | _                      |           |            |          | U.S.C. S                       | 437g. |         | _         |
| Office<br>Use<br>Only      |                        |                              | !             | For further in<br>Federal Election<br>Foll Free 800-<br>Local 202-694 | on Commiss<br>424-9530 |           |            |          | EC FO                          |       |         | _         |

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|    | FEC                        | Form 1 (Revised 12/2007)   | Page 2                                  |
|----|----------------------------|--|---|
| 5. |                            | COMMITTEE (Check One)  Committee:  |   |
|    | (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 information below.)  | e the candidate                         |
|    | Name of<br>Candidate       | Mary C. Fallin   |   |
|    | Candidate<br>Party Affilia | tion REP Office X House Senate President   | State OK District 05                    |
|    | (c)                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  | Diddist.                                |
|    | Name of<br>Candidate       |  |   |
|    | Party Com                  |  |   |
|    | (d)                        | (National, State This committee is a (or subordinate) committee of the   | (Democratic,<br>Republican,etc.) Party. |
|    | Political A                | ction Committee (PAC):   |   |
|    | (e)                        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.   | cted organization is a:                 |
|    |                            | Corporation Corporation w/o Capital Stock  | Labor Organization                      |
|    |                            | Membership Organization Trade Association  | Cooperative                             |
|    | (f)                        | This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)   | ted fund or party                       |
|    |                            | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |   |
|    | Joint Fund                 | raising Representative:  |   |
|    | (g)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political                     |
|    | (h)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | o or more political                     |
|    | Cor                        | nmittees Participating in Joint Fundraiser   |   |
|    |                            | 1 FEC ID number C  |   |
|    |                            | 2. FEC ID number   |   |
|    |                            | 3 FEC ID number C  |   |
|    |                            | 4 FEC ID number C  |   |
|    |                            | FEC ID number  |   |

| Write or Type Committee Name  Fallin for Congress  |                                  |
|--|----------------------------------|
| Fallin for Congress  |                                  |
|  |                                  |
| 6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fund  | raising Representative           |
| NONE   |                                  |
|  |                                  |
| Mailing Address  |                                  |
|  |                                  |
|  |                                  |
| CITY▲ STATE ▲  | ZIP CODE                         |
| Relationship:  |                                  |
| Connected Organization Affiliated Committee Leadership PAC Sponsor   | Joint Fundraising Representative |
| <ol> <li>Custodian of Records: Identify by name, address, (phone number optional), and position of possession of Committee books and records.</li> </ol>   | of the person in                 |
| Full Name Steve Ralls  |                                  |
| Mailing Address FEC Financial  |                                  |
| PO Box 651374  |                                  |
| Potomac Falls VA   | 20165                            |
| Title or Position ♥ CITY A STATE A  Telephone number 703   | ZIP CODE <b>A</b>                |
| 8. Treasurer: List the name and address (phone number optional) of the treasurer of the comname and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mike Deeba | nmittee; and the                 |
| Mailing Address  |                                  |
|  |                                  |
| Oklahoma City OK   |                                  |
| Title or Position ♥ CITY ▲ STATE ▲   | ZIP CODE A                       |
| Telephone number   | 5                                |

|    | FEC Form 1 (  | Revised 12/2007)    |                            | Page 4             |
|----|---|---------------------|----------------------------|--------------------|
|    | Full Name of<br>Designated<br>Agent                             |                     |                            |                    |
|    | Mailing Address   |                     |                            |                    |
|    | Title or Position ▼   | CITY A              | STATE A                    | ZIP CODE A         |
|    |   | Telephon            | e number                   |                    |
| 9. | Banks or Other De<br>safety deposit boxes<br>Name of Bank, Depo | or maintains funds. | nittee deposits funds, hol | ds accounts, rents |
|    |   | Midfirst Bank       |                            |                    |
|    | Mailing Address   | 305 N. MacArthur    |                            |                    |
|    |   |                     |                            |                    |
|    |   | Oklahoma City       | OK                         | 73127              |
|    |   | CITY 🗖              | STATE <b>△</b>             | ZIP CODE 🛕         |
|    | Name of Bank, Depo  | ository, etc.       |                            |                    |
|    | L   |                     |                            |                    |
|    | Mailing Address   |                     |                            |                    |
|    |   |                     |                            |                    |
|    |   |                     |                            |                    |
|    |   | CITY 🙇              | STATE <b>⊿</b>             | ZIP CODE 🛕         |

| Banks or Other Depositories<br>safety deposit boxes or maintain |  | nmittee deposits funds, hold | ds accounts, rents               |
|---|--|------------------------------|----------------------------------|
| Name of Bank, Depository, etc.                                  | is fullids.  |                              | [ ADDITIONAL ]                   |
|   | via Bank   |                              | I                                |
|   | DO D 500000  |                              |                                  |
| Mailing Address   | PO Box 563966                                      |                              |                                  |
|   |  |                              |                                  |
|   | Charlotte  | NC L                         | 28262 - 3966                     |
|   | CITY 🛕   | STATE. <b>△</b>              | ZIP CODE 🛕                       |
| Name of Any Connected Org                                       | anization, Affiliated Committee, Leadership PAC Sp | onsor or Joint Fundraisi     | [ ADDITIONAL ] ng Representative |
|   |  |                              |                                  |
|   |  |                              |                                  |
| Mailing Address   |  |                              |                                  |
|   |  |                              |                                  |
|   |  |                              |                                  |
| Relationship:   | CITY▲  | STATE A                      | ZIP CODE                         |
| Connected Organization  | Affiliated Committee Leadership PAC S              | ponsor Joint Fund            | raising Representative           |
| Designated Agent  |  |                              | [ ADDITIONAL ]                   |
| Full Name   |  |                              |                                  |
| Mailing Address   |  |                              |                                  |
| ŭ   |  |                              |                                  |
|   |  |                              | _                                |
| Title or Position ▼   | CITY A   | STATE&                       | ZIP CODE A                       |
|   | Tele   | phone number                 |                                  |
| Joint Fundraiser Participant                                    |  |                              | [ ADDITIONAL ]                   |
|   | 1  | FEC ID number C              | 0 0 0 0 0                        |
|   |  | LEC ID unumber               |                                  |

| Banks or Other Depositories: safety deposit boxes or maintain | List all banks or other depositories in which the committee<br>s funds | e deposits funds, ho | lds accounts, rents              |
|---|--|----------------------|----------------------------------|
| Name of Bank, Depository, etc.                                |  |                      | [ ADDITIONAL ]                   |
| First Fig   | delity Bank  |                      |                                  |
| Mailing Address   | 5101 N Classen Blvd  |                      |                                  |
| -   | L  |                      |                                  |
|   | Oklahoma City  | ОК                   | 73118                            |
|   | CITY 🛕   | STATE <b>⊿</b>       | ZIP CODE 🛕                       |
| Name of Any Connected Orga                                    | nization, Affiliated Committee, Leadership PAC Sponsor                 | r or Joint Fundrais  | [ ADDITIONAL sing Representative |
|   |  |                      |                                  |
|   |  |                      |                                  |
| Mailing Address   |  |                      |                                  |
|   |  |                      |                                  |
|   |  | ا ليا                |                                  |
| elationship:  | CITY▲  | STATE A              | ZIP CODE                         |
| Connected Organization  | Affiliated Committee Leadership PAC Sponso                             | r Joint Fur          | ndraising Representative         |
| Designated Agent  |  |                      | [ ADDITIONAL ]                   |
| Full Name   |  |                      |                                  |
| Mailing Address   |  |                      |                                  |
|   |  |                      |                                  |
|   |  |                      |                                  |
| Title or Position ▼   | CITY A   | STATE. <b>▲</b>      | ZIP CODE A                       |
|   | Telephone  | number               |                                  |
| Joint Fundraiser Participant                                  |  |                      | [ ADDITIONAL ]                   |
|   | FEC  | ID number C          |                                  |

|   | e deposits funds, noi   | ds accounts, rents  |
|---|---|---|
|   |   | [ ADDITIONAL ]  |
|   |   |   |
| 1039 NW 63rd St.  |   |   |
|   |   |   |
| Oklahoma City   | OK, ,   | 73116   |
|   |   |   |
| CITY 🙇  | STATE <b>⊿</b>  | ZIP CODE 🛕  |
| anization. Affiliated Committee. Leadership PAC Sponsor | r or Joint Fundraisi  | [ ADDITIONAL ng Representative  |
|   | 1 1 1 1 1 1   | <b>gg</b> |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| CITY▲   | STATE A   | ZIP CODE  |
| Affiliated Committee Leadership PAC Sponso              | or Joint Fund   | draising Representative   |
|   |   | [ ADDITIONAL ]  |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   | <u> </u>  |   |
| CITY A  | STATE. <b>▲</b>   | ZIP CODE A  |
|   |   |   |
| Talanhana   | number  |   |
| Telephone   | e number  | <br>[ ADDITIONAL ]  |
|   | Oklahoma City  CITY   anization, Affiliated Committee, Leadership PAC Sponso  CITY  Affiliated Committee  Leadership PAC Sponso | Oklahoma City  OK  CITY   STATE   anization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraisi  CITY   STATE   Affiliated Committee Leadership PAC Sponsor Joint Fundraisi  |

| safety deposit boxes or maintain | List all banks or other depositories in which the commit | liee deposits funds, no | ius accounts, rents               |
|----------------------------------|--|-------------------------|-----------------------------------|
| Name of Bank, Depository, etc.   | s runds.   |                         | [ ADDITIONAL ]                    |
| RCB Ba                           | ınk  |                         |                                   |
|                                  | 2644 NW 63rd   |                         |                                   |
| Mailing Address                  | 2044 NW 0310   |                         |                                   |
|                                  |  |                         |                                   |
|                                  | Oklahoma City  | OK                      | 73116                             |
|                                  | CITY 🗖   | STATE. <b>△</b>         | ZIP CODE 🛕                        |
| Name of Any Connected Orga       | anization, Affiliated Committee, Leadership PAC Spons    | sor or Joint Fundrais   | [ ADDITIONAL ] ing Representative |
|                                  |  |                         |                                   |
|                                  |  |                         |                                   |
| Mailing Address                  |  |                         |                                   |
|                                  |  |                         |                                   |
|                                  |  | ا ليا ل                 |                                   |
| Relationship:                    | CITY   | STATE A                 | ZIP CODE                          |
| Connected Organization           | Affiliated Committee Leadership PAC Spon                 | nsor Joint Fun          | draising Representative           |
| Designated Agent                 |  |                         | [ ADDITIONAL ]                    |
|                                  |  |                         |                                   |
| Full Name                        |  |                         |                                   |
| Full Name  Mailing Address       |  |                         |                                   |
|                                  |  |                         |                                   |
|                                  |  |                         |                                   |
|                                  | CITYA  |                         |                                   |
| Mailing Address                  |  | STATE &                 |                                   |
| Mailing Address                  |  |                         | ZIP CODE &                        |