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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Andy Coleman PO Box 361 ADDRESS (number and street) (Check if address is changed) Owasso 74055 OK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Mike4Coleman@yahoo.com (Check if address is changed) Optional Second E-Mail Address office@andycoleman.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.andycoleman.org (Check if address is changed) DATE 2017 C00630954 FEC IDENTIFICATION NUMBER > 3. X 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. McLanahan, Michael, , , Type or Print Name of Treasurer McLanahan, Michael, , , [Electronically Filed] 01 13 2017 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

		4 (Decised 00/0000)	
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		OMMITTEE • 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. (Cominformation below.)	plete the candidate
Nam Cano	e of didate	Coleman, Andy, , ,	
	didate / Affiliati	on REP Office Sought: * House Senate President	State OK District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
		Corporation Wo 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 secommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N		-
Friends of An	dy Coleman	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	n in possession of committee
McLar Full Name	nahan, Michael, , ,	
	14709 E. 110th Circle N.	
Mailing Address		
	Owasso OK 7	74055
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 405	397 8552
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name McLan	nahan, Michael, , ,	
Mailing Address	14709 E. 110th Circle N.	
	Owasso OK 7	4055
Title on Deciti	CITY STATE	ZIP CODE
Title or Position Treasurer	405 Telephone number	_ 397 _ 8552

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Full Name of		<u> </u>
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, De		o addounts, forts
safety deposit box Name of Bank, De	xes or maintains funds.	
safety deposit box Name of Bank, De	Valley National Bank 12401 E 86th St N	
safety deposit box Name of Bank, De	ves or maintains funds. epository, etc. Valley National Bank	
safety deposit box Name of Bank, De	Valley National Bank 12401 E 86th St N	ZIP CODE
safety deposit box Name of Bank, De	Valley National Bank 12401 E 86th St N Owasso CITY STATE	
safety deposit box Name of Bank, De Mailing Address	Valley National Bank 12401 E 86th St N Owasso CITY STATE	
safety deposit box Name of Bank, De Mailing Address	Valley National Bank 12401 E 86th St N Owasso CITY STATE	
safety deposit box Name of Bank, De Mailing Address	Valley National Bank 12401 E 86th St N Owasso CITY STATE	
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Valley National Bank 12401 E 86th St N Owasso CITY STATE	
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Valley National Bank 12401 E 86th St N Owasso CITY STATE	