Image#	26950025407
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FEC FORM 1	STATEMEN ORGANIZA (See instruction	Office use only	
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Boren For Co	ngress		
ADDRESS (number and	street)		
(Check if addr is changed)			
COMMITTEE'S E-MA		CITY	STATE ZIP CODE
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX M 3019471531			
2. DATE <b>0.4</b>			
3. FEC IDENTIFICA		C C00392480	
4. IS THIS STATEM	IENT X NEW (N) OR	AMENDED (A)	1
I certify that I have exam	ned this Statement and to the best of my know	vledge and belief it is true, correct and	d complete
Type or Print Name of	Treasurer C. Pat Frank		
Signature of Treasurer	Electronically Filed by <b>C. Pat Fran</b>	ık I	Date 04 / 10 / Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may ANY CHANGE IN INFORMAT	subject the person signing this State	
Office		For further information co	
Use Only		Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on FEC FORM 1 (Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)	
(a) This committee is a principal campaign committee. (Complete the candidate information below	ow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	omplete the candidate
Name of     David Daniel Boren       Candidate	
Candidate Office Party Affiliation Office Sought: X House Senate Pre-	esident State OK District 2
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
(e) This committee is a separate segregated fund	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee.	segregated fund or party
6. Name of Any Connected Organization or Affiliated Committee	
L	
1	
Mailing Address	
CITY	
STALL STALL	
Relationship	
Type of Connected Organization:	
Corporation Corporation w/o Capital Stock	oor Organization
Membership Organization Trade Association Co	operative

FEC Form	<b>m 1</b> (Revised 02/2003	)			Pa	je <b>3</b>
Write or Type Con	nmittee Name					
Boren For	Congress					
	Records: Identify of Committee book	by name, address, (phone nun s and records.	nber optional), and po	osition of th	e person in	
Full Name	Vickie Winp	isinger				
Mailing Addres	S	315 Inspiration Lane				
		Gaithersburg	<u>N</u>	<u>ID</u>	20878 _	
Title or Position	n ¥	CITY 🛦	ST/		ZIP COD	E 🛦
	Assistant Treas	surer	Telephone number	301	947	0278
Full Name of Treasurer Mailing Addres	Ms. C. Pat F	nated agent (e.g., assistant tre rank PO Box 1924				
		Muskogee		ок	74401	
Title or Positior	n ¥	CITY A	ST	ATE	ZIP COD	E 🛦
	Treasurer		Telephone number	918	456	1281
Full Name of Designated Agent						
Mailing Addres	S					
Title or Position	n <b>¥</b>	CITY 🛦	ST/		ZIP CODI	•
			Telephone number			

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	s, rents
	BancFirst	

	BancFirs	t III		1 1	I		1						1		I								
Mailing Address		PO	Вох	<b>( 267</b>	<b>788</b>			I						I	1								
									L						1								
		Ok	laho	ma	City			I	1						οк			73	126	) _	- [_		
		CITY 🛆									ST	ATE	⊿		z	IP C	COD	E	≙				