FEC FORM 1		IENT OF IZATION ructions)	Offi	ce use only
1. NAME OF COMMITTEE (in t	full) (Check if nam is changed)	e Example: If typying, type over the lines	12FE4M5	1
Orthopedic Ho	espital of Oklahoma, LLC Fe	deral PAC		
ADDRESS (number and s	2408 East 81st S	Street		
(Check if addre is changed)	ess Tulsa		 ОК	
COMMITTEE'S E-MAI		CITY	STATE	ZIP CODE 🔺
	hooklahoma.com			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			The second se
www.orthookl	ahoma.com			
COMMITTEE'S FAX N 9184775995				
3. FEC IDENTIFICA		C C00393975		
4. IS THIS STATEM		DR X AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of m	ny knowledge and belief it is true, correct	and complete	
Type or Print Name of	Treasurer Richard H. F	erguson		
Signature of Treasurer	Electronically Filed by Richa	rd H. Ferguson	Date 0 6	D D / Y Y Y Y 11
NOTE: Submission of fal		on may subject the person signing this S RMATION SHOULD BE REPORTED		of 2 U.S.C. S437g.
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-953(Local 202-694-1100	ission	FEC FORM 1 (Revised 12/2007)

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5.	TYPE	OF CO	MMITTEE (Check One)	
	Candie	date Co	mmittee:	
	(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. (Complete information below.)	e the candidate
	Name Candio			
	Candic Party A	date Affiliatio	n Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candio	-		
	Party (Commi	ttee: (National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	al Actio	on Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
	()			_abor Organization
			Membership Organization Trade Association	Cooperative
	(f)	Х	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ted fund or party
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint F	undrai	sing 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

Committees Participating in Joint Fundraiser

1.	FEC ID number	C
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C
5.	FEC ID number	C

. .

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FEC Form 1 (Revised 12/2007)
Write or Type Committee Name
Orthopedic Hospital of Oklahoma, LLC Federal PAC

. Name of Any Connected Or	ganization, Affiliated Committee, I	eadership PAC Sponsor or.	Joint Fundra	ising Representative
None				
<u> </u>				
Mailing Address				
J.	1			
				· · · · I _ I · · ·
	CITY	· · · · · · · · · · · · · · · · · · ·		
Relationship:	CITT			
X Connected Organization	Affiliated Committee	Leadership PAC Sponso	or Joi	nt Fundraising Representative
Full Name	d H. Ferguson 2408 E 81st St. 9	3te, 300		
	Tulsa		ОК	74137 _
Title or Position ♥	CITY A	:	STATE	
Treasurer		Telephone numb	per 918	477 5048
	and address (phone number y designated agent (e.g., assista	• •	of the comm	nittee; and the
Full Name of TreasurerRicha	rd H. Ferguson			
Mailing Address	2408 E 81st St.	Ste, 300		
	Tulsa		ок	74107
	10150			74137

918

Telephone number

477

5048

Treasurer

FEC Form 1 (Revi			Page 4
Designated Agent	None		
Mailing Address			
Title or Position ▼	CITY		
		ephone number	
Banks or Other Deposi safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc.	e committee deposits funds, h	olds accounts, rents
safety deposit boxes or n Name of Bank, Deposito	naintains funds.	e committee deposits funds, h	olds accounts, rents
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. nited Missouri Bank	e committee deposits funds, h	olds accounts, rents
safety deposit boxes or n Name of Bank, Deposito	naintains funds. ry, etc. nited Missouri Bank	e committee deposits funds, h	olds accounts, rents
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safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc. nited Missouri Bank 1437 S. Boulder 1437 S. Boulder Tulsa CITY		 74119 _ [
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Safety deposit boxes or n Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. 1437 S. Boulder 1437 S. Boulder Tulsa ry, etc.		
Safety deposit boxes or n Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. nited Missouri Bank 1437 S. Boulder 1437 S. Boulder Tulsa ry, etc.	 OK STATE ▲	