PAGE 1/6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) OGE Energy Corp Employees Political Action Committee 321 North Harvey ADDRESS (number and street) PO Box 321 MC 803 (Check if address is changed) Oklahoma City 73101-0321 OK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ricerr@oge.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2021 C00337808 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. Rice, Rae, , , Type or Print Name of Treasurer Rice, Rae,,, [Electronically Filed] 07 2021 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	e 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. (Complinformation below.)	ete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a
		Corporation Corporation w/o 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 seg committee. (i.e., nonconnected committee)	regated 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	1 02/2009)		Page 3
Write or Type Committee Nar	me		
OGE Energy C	Corp Employees Pol	itical Action Cor	mmittee
6. Name of Any Connected	Organization, Affiliated Committee,	Joint Fundraising Representat	tive, or Leadership PAC Sponsor
ENABLE MIDSTREA	M SERVICES LLC POLITION	CAL ACTION COMMI	TTEE
Mailing Address	211 N ROBINSON		
	Oklahoma City	OK	73102-7109
	CITY	STAT	E ZIP CODE
Relationship: Connect	ed Organization 🗶 Affiliated Committee	e Joint Fundraising Repres	entative Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	entify by name, address (phone numbe	er optional) and position of th	ne person in possession of committee
Rice, Ra	ne, , ,		
Full Name	DO Day 204		
Mailing Address	PO Box 321		
	321 North Harvey - MC 803		
	Oklahoma City	OK	73101-0321
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number	405 - 553 - 3651
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) , assistant treasurer).	of the treasurer of the commit	ttee; and the name and address of
Full Name Rice, Ra	e,,,		
Mailing Address	PO Box 321		
	321 North Harvey - MC 803	<u> </u>	<u></u>
	Oklahoma City	OK	73101-0321
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	405 - 553 - 3651

FEC Form 1 (Revised	d 02/2009)		Page 4		
Full Name of Designated Agent Miller, Ken	,,, 				
Mailing Address	PO Box 321				
	321 North Harvey - MC 1111				
	Oklahoma City CITY	OK 73101-0 STATE	321 -		
Title or Position Designated Agent		e number	553 - 3111		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Bank of Oklahoma N.A.					
Mailing Address	P.O. Box 24128				
Ü					
	Oklahoma City	OK 73124			
	СІТҮ	STATE	ZIP CODE		
Name of Bank, Depository, e	etc.				
Mailing Address					
	CITY	STATE	ZIP CODE		

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: F1A Transaction ID:

This amendment reflects updated PAC officers, a change in address, and a change in committee email address.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
Mailing Address	321 N Harvey Ave		
	Oklahoma City	OK	73102-3405
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
X Connecte	d Organization Affiliated Committee Jo	oint Fundraising Represent	ative Leadership PAC Sp
	y by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		DINT Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		DINT Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		Dint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	STATE A	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management are of Bank,	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A