Image# 27930507502

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	OF	RGANIZA I	ION						
		(See instructions)		Off	ice use only				
1. NAME OF COMMITTEE (in		Check if name changed)	Example: If typying, type over the lines	12FE4M5					
JOHN SULLIV	AN FOR CONGRES	S, INC							
ADDRESS (number and	street) Post O	ffice Box 470840							
(Check if addition is changed)	ress Tulsa,			OK L	74147				
		CI	ГΥ▲	STATE	ZIP CODE ▲				
COMMITTEE'S E-MA									
sralls@fecfina									
COMMITTEE'S WEB	PAGE ADDRESS (URL	.)							
www.johnsullivanforcongress.com									
1									
COMMITTEE'S FAX I 7034306623  2. DATE  M 4		<sup>Y</sup> 0 <sup>Y</sup> 7 <sup>Y</sup>							
3. FEC IDENTIFICA	ATION NUMBER	С	C00366773	]					
4. IS THIS STATEM	MENT X NEW (I	N) OR	AMENDED (A)						
I certify that I have exam	ined this Statement and to	the best of my knowled	ge and belief it is true, correct an	d complete					
	-								
Type or Print Name of	Treasurer Ste	even D. Ralls							
Signature of Treasure	Electronically Filed b	y Steven D. Ra	lls	Date 0 4	13 / Y 2007				
NOTE: Submission of fa	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS								
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)				

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5.	TYPE OF COMMITTEE (Check One)														
	(a)	X	This committee	e is a p	rincipal (	campaigr	n committ	tee. (Comp	olete the c	andidate	inform	ation be	elow.)		
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)												
	Name Candid		John S	Sulliva	n 								1 1 1		
	Candid Party A	date Affiliatio	n REP			ffice ought:	X	House		Senate		] F	President	State District	0K
	(c)		This committee	e suppo	rts/oppo	ses only	one cand	lidate, and	is NOT a	n authori	zed co	mmittee	<del>)</del> .		
	Name Candid														
	(d)		This committee	e is a		-		ational, Sta subordina		ttee of th	е			(Democratic, Republican,eto	.) Party.
	(e)		This committee	e is a se	parate s	egregate	ed fund								
	(f)		This committee committee.	e suppo	rts/oppo	ses more	e than on	e Federal o	candidate,	and is N	IOT a s	eparate	e segregat	ed fund or party	
ô.	Name	of Any	Connected Or	ganizat	tion or <i>i</i>	Affiliated	I Commi	ttee							
	ranic														
								1 1 1							
L L							<u>                                     </u>			1 1 1					<b>_</b>
L				<u> </u>											
L		J   J	ss												
L			ss												
L			ss												
L			ss				CITY				ST	TATE A		ZIP CODE	
L		g Addre	ss				CITY							ZIP CODE	
L	Mailing	g Addre	ss Linear Control of the Control of	ion:			CITY								
	Mailing	g Addre	L   L   L   L   L   L   L   L   L   L	ion:				1 1 1					1 1 1		
	Mailing	g Address onship  Corpo	L				Corpora					L		nization	

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Treasurer

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٧	Vrite or Type Commi	ttee Name					
	JOHN SULLIV	AN FOR C	ONGRESS, INC				
7.			ntify by name, address, (phone numb books and records.	er optional), and positio	n of the pers	on in	
	Full Name	Steven I	O. Ralis				
	Mailing Address		FEC Financial, Inc.				
			Post Office Box 651374	1			
			Potomac Falls,		20	165	
	Title or Position	,	CITY A	STATE	\	ZIP CODE	<b>A</b>
		Treasurer		<b>7</b> Telephone number	703	<b>07</b> –	6259
	of Treasurer  Mailing Address	Steven I	D. Ralls FEC Financial, Inc.				
			Post Office Box 651374	1			
			Potomac Falls,		20	165	
	Title or Position	,	CITY A	STATE		ZIP CODE	A
	-	Treasurer		Telephone number	<u> </u>	30	6623
	Full Name of Designated Agent	Steven I	D. Ralls				
	Mailing Address		FEC Financial, Inc.				
			Post Office Box 651374	1			
			Potomac Falls,	VA	20	165	
	Title or Position	,	CITY A	STATE A	•	ZIP CODE	A

703

Telephone number

430

6635

9.	Banks or Other I safety deposit box	•					all b	oanl	ks (	or (	oth	er d	ерс	osite	orie	s in	wh	iich	the	e co	mn	nitte	e d	ерс	sit	s fu	nds	s, h	old	s a	cco	oun'	ts,	ren	ts			
	Name of Bank, De	eposi	itory, etc	<b>)</b> .																																		
			F&M	Ва	ınk	ar 	nd <sup>-</sup>	Γrι	ıst ⊥	: 	L		L	_1_	L		L					L		1	1	L			_1_				<u></u>	L	L	L	ı	L
	Mailing Address				13	330	) S.	. <b>H</b> a	ar۱	vaı	rd					1									1							<u></u>		Ш		L		1
							L	L			1									1		ı						1										

 $\textbf{CITY} \,\, \triangle$ 

Tulsa,

 $\mathbf{STATE}\, \triangle$ 

ОК

ZIP CODE △

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Membership Organization

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Banks or Other Depositoric safety deposit boxes or maint Name of Bank, Depository, et	ains funds.		ds accounts, rents
Mailing Address	PO Box 200  Wilson  CITY	NC STATE △	27894
Name of Any Connected C	Organization or Affiliated Committee		[ ADDITIONAL ]
Mailing Address			
	CITY	STATE	ZIP CODE 🛦
Relationship  Type of Connected Organiza  Corporation			ZIP CODE A

Trade Association

Cooperative

Designated Agent		[ ADDITIONAL ]	
Full Name			
-			_
Title or Position ▼	<b>CITY A</b> Te	STATE A ZIP CODE A elephone number = =	

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Banks or Other Depositor safety deposit boxes or mair		s or other depositories in which the co		
Name of Bank, Depository,				[ ADDITIONAL ]
_				
Ame	erican Bank of O	klahoma 		
Mailing Address	200 East M	lain Street		
		1 1 1 1 1 1 1 1 1 1 1 1		
	Collinsville	<b>e</b>	οκ	74021   _
		CITY △	STATE △	ZIP CODE △
		CIT A	SIAIE	ZIP CODE A
Name of Any Connected	Organization or Af	filiated Committee		[ ADDITIONAL ]
ı				
Mailing Address				
		CITY	STATE A	ZIP CODE
Relationship				
Type of Connected Organiz	zation:			
Corporation		Corporation w/o Capital Stock	Labor Or	ganization
Membership Orga	nization	Trade Association	Coopera	ive

Designated Agent		1	ADDITIONAL ]
Full Name			
Title or Position <b>▼</b>	CITY A		
		elephone number	