

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                                              |  |                                                     |                                                                                                                                                                |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Families for James Lankford                                                                                                                           |  |                                                     |                                                                                                                                                                |                                              |
| <b>ADDRESS</b> (number and street) PO Box 1639                                                                                                                                               |  |                                                     |                                                                                                                                                                |                                              |
| <b>CITY</b><br>Bethany                                                                                                                                                                       |  | <b>STATE</b><br>OK                                  |                                                                                                                                                                | <b>ZIP CODE</b><br>73008-1639                |
| <b>2. NAME OF CANDIDATE</b><br>Lankford, James, Paul, ,                                                                                                                                      |  |                                                     | <b>3. OFFICE SOUGHT</b> (State and District)<br>Senate OK                                                                                                      |                                              |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00466482                                                                                                                                             |  |                                                     |                                                                                                                                                                |                                              |
| <b>5. IS THIS AN AMENDMENT?</b> <input type="checkbox"/> NO, THIS IS A NEW FILING <input checked="" type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON <u>11</u> / <u>03</u> / <u>2022</u> |  |                                                     |                                                                                                                                                                |                                              |
| <b>A. FULL NAME</b><br>Ellsworth, Leslie, Ann, ,                                                                                                                                             |  |                                                     |                                                                                                                                                                |                                              |
| <b>MAILING ADDRESS</b><br>PO Box 2468                                                                                                                                                        |  | <b>Name of Employer</b><br>Retired                  |                                                                                                                                                                | <b>Date (month, day, year)</b><br>11/01/2022 |
| <b>CITY</b><br>Edmond                                                                                                                                                                        |  | <b>STATE</b><br>OK                                  |                                                                                                                                                                | <b>ZIP CODE</b><br>73083-2468                |
|                                                                                                                                                                                              |  | <b>Transaction ID : 630D21E1F4C9D4FA</b>            |                                                                                                                                                                | <b>Amount</b><br>1000.00                     |
| <b>B. FULL NAME</b><br>Warr, Kory, William, ,                                                                                                                                                |  |                                                     |                                                                                                                                                                |                                              |
| <b>MAILING ADDRESS</b><br>13424 High Sierra Blvd                                                                                                                                             |  | <b>Name of Employer</b><br>Praxis Development       |                                                                                                                                                                | <b>Date (month, day, year)</b><br>11/01/2022 |
| <b>CITY</b><br>Edmond                                                                                                                                                                        |  | <b>STATE</b><br>OK                                  |                                                                                                                                                                | <b>ZIP CODE</b><br>73013-8238                |
|                                                                                                                                                                                              |  | <b>Transaction ID : 6ADD0E82F20CC455</b>            |                                                                                                                                                                | <b>Amount</b><br>2900.00                     |
| <b>C. FULL NAME</b><br>Luckey, Palmer, , ,                                                                                                                                                   |  |                                                     |                                                                                                                                                                |                                              |
| <b>MAILING ADDRESS</b><br>1375 Sunflower Ave                                                                                                                                                 |  | <b>Name of Employer</b><br>Anduric Industries, Inc. |                                                                                                                                                                | <b>Date (month, day, year)</b><br>11/01/2022 |
| <b>CITY</b><br>Costa Mesa                                                                                                                                                                    |  | <b>STATE</b><br>CA                                  |                                                                                                                                                                | <b>ZIP CODE</b><br>92626-1665                |
|                                                                                                                                                                                              |  | <b>Transaction ID : 6482CEE97D13349E4</b>           |                                                                                                                                                                | <b>Amount</b><br>2900.00                     |
| <b>D. FULL NAME</b><br>                                                                                                                                                                      |  |                                                     |                                                                                                                                                                |                                              |
| <b>MAILING ADDRESS</b><br>                                                                                                                                                                   |  | <b>Name of Employer</b><br>                         |                                                                                                                                                                | <b>Date (month, day, year)</b><br>           |
| <b>CITY</b><br>                                                                                                                                                                              |  | <b>STATE</b><br>                                    |                                                                                                                                                                | <b>ZIP CODE</b><br>                          |
|                                                                                                                                                                                              |  | <b>Occupation</b><br>                               |                                                                                                                                                                | <b>Amount</b><br>                            |
| <b>E. FULL NAME</b><br>                                                                                                                                                                      |  |                                                     |                                                                                                                                                                |                                              |
| <b>MAILING ADDRESS</b><br>                                                                                                                                                                   |  | <b>Name of Employer</b><br>                         |                                                                                                                                                                | <b>Date (month, day, year)</b><br>           |
| <b>CITY</b><br>                                                                                                                                                                              |  | <b>STATE</b><br>                                    |                                                                                                                                                                | <b>ZIP CODE</b><br>                          |
|                                                                                                                                                                                              |  | <b>Occupation</b><br>                               |                                                                                                                                                                | <b>Amount</b><br>                            |
| <b>SIGNATURE (optional)</b><br>Miller, Terri, , ,                                                                                                                                            |  |                                                     | <b>DATE</b><br>01/20/2023                                                                                                                                      |                                              |
| <i>[Electronically Filed]</i>                                                                                                                                                                |  |                                                     | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                                              |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)