

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE

04 JAN 13 AM 11:57

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Anthony for Senate

ADDRESS (number and street)

P. O. Box 54598

(Check if address
is changed)

Oklahoma City

OK

73154

1598

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mail@bobanthony.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.bobanthony.com

COMMITTEE'S FAX NUMBER

405 - 525 - 8811

2. DATE

01

01

2004

3. FEC IDENTIFICATION NUMBER ▶

C

4. 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.

Type or Print Name of Treasurer

William C. Liedtke, III

Signature of Treasurer

Date

01

01

2004

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 the candidate information below.)

Name of Candidate Bob Anthony

Candidate Party Affiliation REP Office Sought House Senate President State OK District

- (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 segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

None

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Elizabeth B. Anthony

Mailing Address P. O. Box 54598

Oklahoma City OK 73154 1598

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number webmaster@bobanthony.com

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer William C. Liedtke, III

Mailing Address P. O. Box 54369

Oklahoma City, OK 73154

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent Sody M. Clements

Mailing Address 1410 Canterbury

Oklahoma City OK 73116

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number

9. **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 One, NA

Mailing Address

Attn: Mary Davenport

1200 N. W. 63rd Street, Suite 200

Oklahoma City, OK

OK

73116

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

24020011575
24020011575

ONLY FOR SENATE
Box 54598
WASHINGTON, DC 20541

Secretary of the Senate
Office of Public Records
P.O. Box 5109
Alexandria, VA 22301-0109



U.S. SENATE
OFFICE OF PUBLIC RECORDS
ALEXANDRIA, VA 22301-0109

24020011577
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