FEC FORM 1		STATEMEN ORGANIZ			PAGE 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	15
					C)
ADDRESS (number ar	nd street)	2313 N BROADWAY			
(Check if a is changed					
	,,	ADA		LOK STATE ▲	24820 ZIP CODE ▲
COMMITTEE'S E-MA		SS			
 (Check if a is changed 		scothran@cothrandevelopn	nent.com		
		Optional Second E-Mail Add	dress		
COMMITTEE'S WEB	address	PRESS (URL)			
2. DATE 07	M / D 09	2024			
3. FEC IDENTIFIC	ation Nu	MBER ► C C	00488080		
4. IS THIS STATEN		NEW (N) OR	× AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the best	of my knowledge and belief it	t is true, corre	ct and complete.
Type or Print Name of	of Treasurer	Darrah, Will, , ,			
Signature of Treasure	er Darral	n, Will, , ,		Date	07 / D D / Y Y Y Y 09 2024
NOTE: Submission of	false, errone		may subject the person signing TION SHOULD BE REPORTED		to the penalties of 52 U.S.C. §30109 AYS.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202407099652750594

07/09/2024 22 : 38

FE	EC Form 1 (Revised 03/2022)	Page 2
5.	TYPE OF COMMITTEE:	
	Candidate 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. (Complete the information below.)	ne candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Candidate	
	Party Committee: (National, State (Democrating the problem) (d) This committee is a Image: Committee of the problem the p	c, , etc.) Party
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	Corporation Corporation w/o Capital Stock Labor C	Organization
	Membership Organization X Trade Association Cooper	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid P	AC).

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

In addition, this committee is a Lobbyist/Registrant PAC.

Relationship:

	FEC Form 1 (Revised 02/2009)											Page 3												
W	Write or Type Committee Name																							
	NATIONAL STR	IPPER WELL	AS	SO	CI	A٦)N	P	٩C	; (NS	SM	VA	P	Ϋ́A)	_	_				
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA											AC	Sp	on	sor										
	National Stripper We	Il Association			<u> </u>																			
	Mailing Address	2313 N Broadway						<u> </u>				<u> </u>					1							
		Ada										OK			⁷	7482	20							
			CITY								S	STAT	E 🔺					ZI	ΡC	200	DE			

X Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

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

Coth	an, Somerlyn, , ,
Full Name	
Mailing Address	2313 N Broadway
	Ada OK74820
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
PAC Manager	Telephone number 405 250 2091

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	Darrah, Will, , ,
Mailing Address	2313 N Broadway
	Ada OK74820
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image:

FEC Form 1 (Revised 02/2009)	
------------------------------	--

Full Name of Designated	Cothran, So	merly	n,,,																									
Agent																												
Mailing Address		2313	B N B	road	way	,																						
		Ada															OK			748	820				- [_			
							CI	ΓY								ST	ATE					Z	IP (со	DE			
Title or Position	7																											
PAC Manager											Tel	eph	none	e n	um	ber		40	5		- [_	25	50		- [_	20	091	

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.

	Citizens Bank of Ada		
Mailing Address	211 W 12th		
	Ada	OK 7482	0
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE

Page 4