Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Oklahoma Democratic Party 3815 N Santa Fe Ave ADDRESS (number and street) Suite 122 (Check if address is changed) Oklahoma City OK 73118 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address treasurer@okdemocrats.org is changed) Optional Second E-Mail Address chris@pattonprocessing.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.okdemocrats.org (Check if address is changed) DATE 2025 C00190934 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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 Alonso-Sandoval, Alberto, , Alonso-Sandoval, Alberto, , , Date 07 20 2025 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

| FEC Form 1 (Revised 03/2022)  | Page <b>2</b>                           |
|---|---|
| TYPE OF COMMITTEE:  |   |
| Candidate Committee:  |   |
| (a) This committee is a principal campaign committee. (Complete the candidate information   | n below.)                               |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)  | ee. (Complete the candidate             |
| Name of Candidate   |   |
| Candidate Office Party Affiliation Sought: House Senate   | President District                      |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized comm   | mittee.                                 |
| Name of Candidate   |   |
| Party Committee:  |   |
| (d) X This committee is a STA (National, State or subordinate) committee of the   | (Democratic,<br>Republican, etc.) Party |
| Political Action Committee (PAC):   |   |
| (e) This committee is a separate segregated fund. (Identify connected organization on line  | 6.) Its connected 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 ser committee. (i.e., nonconnected committee)   | parate segregated 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 acc   | ounts (Hybrid PAC).                     |
| In addition, this committee is a Lobbyist/Registrant PAC.   |   |
| Joint Fundraising Representative:   |   |
| (i) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal | -                                       |
| (j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candi   |   |
| Committees Participating in Joint Fundraiser  |   |
| 1.  |   |
|   | <u> </u>                                |

| !<br> | FEC Form 1 (Revised 0             | 2/2009)                                |                                 | Page <b>3</b>                       |
|-------|-----------------------------------|--|---------------------------------|-------------------------------------|
| V     | Vrite or Type Committee Name      |  |                                 |                                     |
| _     | Oklahoma Demo                     | •                                      |                                 |                                     |
| 6.    | Democratic Grassroo               | rganization, Affiliated Committee, Joi | nt Fundraising Representa       | itive, or Leadership PAC Sponsor    |
|       | Democratic Grassion               |  |                                 |                                     |
|       |                                   |  |                                 |                                     |
|       | Mailing Address                   | 430 South Capitol St SE                |                                 |                                     |
|       | <b>3</b>                          |  |                                 |                                     |
|       |                                   | Washington                             | , DC                            | 20003                               |
|       |                                   |  |                                 |                                     |
|       | _                                 | CITY ▲                                 | STATI                           | E ▲ ZIP CODE ▲                      |
|       | Relationship: Connected           | Organization Affiliated Organization   | X Joint Fundraising Repre       | esentative Leadership PAC Sponso    |
|       |                                   |  |                                 |                                     |
| 7.    |                                   | fy by name, address (phone number c    | optional) and position of the p | erson in possession of committee    |
|       | books and records.                |  |                                 |                                     |
|       | Alonso-Sar                        | ndoval, Alberto, , ,                   |                                 |                                     |
|       |                                   | 3815 N Santa Fe Ave                    |                                 |                                     |
|       | Mailing Address                   |  |                                 |                                     |
|       |                                   | Suite 122                              |                                 |                                     |
|       |                                   | Oklahoma City                          | OK                              | 73118                               |
|       |                                   | CITY ▲                                 | STATI                           | E ▲ ZIP CODE ▲                      |
|       | Title or Position ▼               |  |                                 |                                     |
|       | Treasurer                         |  | Telephone number                | 405   -   427   -   3366            |
|       |                                   |  | ·                               |                                     |
| 8.    |                                   | d address (phone number optional) o    | of the treasurer of the comm    | nittee; and the name and address of |
|       | any designated agent (e.g., a     | ssistant treasurer).                   |                                 |                                     |
|       | Full Name Alonso-Sar of Treasurer | ndoval, Alberto, , ,                   |                                 |                                     |
|       |                                   | <sub>1</sub> 3815 N Santa Fe Ave       |                                 |                                     |
|       | Mailing Address                   |  |                                 |                                     |
|       |                                   | Suite 122                              |                                 |                                     |
|       |                                   | Oklahoma City                          | OF                              | 73118                               |
|       |                                   | CITY ▲                                 | STATI                           | E ▲ ZIP CODE ▲                      |
|       | Title or Position ▼               |  |                                 |                                     |
|       | Treasurer                         |  | Telephone number                | 405 427 - 3366                      |

|                        | FEC Form 1                    | (Revised 02/2009)   | Page <b>4</b>  |
|------------------------|-------------------------------|---|--|
|                        | Name of ignated               |   |  |
| Maili                  | ing Address                   |   |  |
|                        |                               |   |  |
|                        |                               |   |  |
|                        |                               | CITY ▲ STATE ▲  | ZIP CODE ▲   |
| Title                  | or Position <b>▼</b>          | 7   |  |
|                        |                               | Telephone number  |  |
| . <b>Banl</b><br>safet | ks or Other<br>by deposit box | <b>Depositories:</b> List all banks or other depositories in which the committee deposits fixes or maintains funds. | funds, holds accounts, rents                                   |
| Nam                    | e of Bank, D                  | epository, etc.   |  |
|                        |                               | BancFirst   |  |
| Maili                  | ng Address                    | PO Box 26788  |  |
|                        |                               |   |  |
|                        |                               | Oklahoma City   | \[ \begin{align*} 73126 & \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|                        |                               | CITY ▲ STATE ▲  | ZIP CODE ▲   |
| Nam                    | e of Bank, D                  | epository, etc.   |  |
|                        |                               | Amalgamated Bank  |  |
| Maili                  | ng Address                    | 275 Seventh Ave   |  |
|                        |                               |   |  |
|                        |                               | New York  | 10011  |
|                        |                               | CITY ▲ STATE ▲  | ZIP CODE ▲   |

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

| Dogo | of 8 |  |
|------|------|--|
| Page | of ° |  |

| h). <b>Joint Fundraisin</b>   | g raiticipant.  |   |   |
|---|---|---|---|
| 1.  |   | FEC ID number                                       | С   |
| 2.  | <u> </u>  | FEC ID number                                       | C   |
| 3.  |   | FEC ID number                                       | С   |
| 4.  |   | FEC ID number                                       | C   |
| ame of Any Connected  | Organization, Affiliated Committee, Joint Fu                      | ındraising Representativ                            | e, or Leadership PAC Spons                |
| OK Party Victory Fundament  | d<br>   |   |   |
|   |   |   |   |
| Mailing Address   | 430 S Capitol St SE   |   |   |
|   |   |   |   |
|   | Washington  | DC DC   | 20003                                     |
| Relationship:   | CITY ▲  | STATE ▲   | ZIP CODE ▲                                |
| Connected esignated Agent: Identify   | d Organization Affiliated Committee X                             | loint Fundraising Represent                         |   |
| esignated Agent: Identify   |   |   | Leadership PAC Sp                         |
| esignated Agent: Identify   |   |   |   |
| esignated Agent: Identify   |   |   |   |
| esignated Agent: Identify   | by name, address (phone number – optional                         |   |   |
| esignated Agent: Identify   | by name, address (phone number – optional                         |   | ZIP CODE A                                |
| esignated Agent: Identify  Full Name  | by name, address (phone number – optional                         | STATE A   |   |
| Full Name  Mailing Address  TITLE OR POSITION  Inks or Other Depositor fety deposit boxes or ma | cies: List all banks or other depositories in what intains funds. | STATE A  Telephone Number                           | ZIP CODE A                                |
| esignated Agent: Identify  Full Name  | ries: List all banks or other depositories in what intains funds. | STATE  Telephone Number  iich the committee deposit | ZIP CODE A  s funds, holds accounts, rent |

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

Page \_\_\_ **of** 8

| (h). <b>Joint Fundraisi</b>   |   |  |                            |
|---|---|--|----------------------------|
| 1.  |   | FEC ID number  | С                          |
| 2.  |   | FEC ID number  | C                          |
| 3.  |   | FEC ID number  | C                          |
| 4.  |   | FEC ID number  | С                          |
| lame of Any Connector   | Organization, Affiliated Committee, Joint Fu  | ndraining Depresentativ                              | o or Londovskip DAC Spon   |
| CAMPAIGN EVERY  | _   | nuraising nepresentativ                              | e, or Leadership FAC Spons |
|   |   |  |                            |
| Mailing Address   | PO BOX 11422  |  |                            |
|   |   |  |                            |
|   | OKLAHOMA CITY   | OK   | 73136                      |
| Relationship:   | CITY A  | STATE A  | ZIP CODE ▲                 |
|   | Affiliated Committee X  | oint Fundraising Represent                           | Leadership PAC Sp          |
| esignated Agent: Identi   |   |  | Leadership PAC Sp          |
| esignated Agent: Identi   |   |  | Leadership PAC Sp          |
| esignated Agent: Identi   |   |  | Leadership PAC Sp          |
| esignated Agent: Identi   |   |  | Leadership PAC Sp          |
| esignated Agent: Identi   | by by name, address (phone number – optional  |  | Leadership PAC Sp          |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | by by name, address (phone number – optional  |  |                            |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | CITY A  cries: List all banks or other depositories in whaintains funds.  | STATE A  Telephone Number                            | ZIP CODE A                 |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,                 | CITY A  cries: List all banks or other depositories in whaintains funds.  | STATE A  Telephone Number                            | ZIP CODE A                 |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, repository, etc | cy by name, address (phone number – optional state of the control | STATE A  Telephone Number  ich the committee deposit | ZIP CODE A                 |

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

| Page  | of <sup>8</sup> |  |
|-------|-----------------|--|
| l aye | O.              |  |

| h). <b>Joint Fundraisi</b>   | ng raiticipant.  |                          |                           |
|--|--|--------------------------|---------------------------|
| 1.   |  | FEC ID number            | C                         |
| 2.   |  | FEC ID number            | C                         |
| 3.   |  | FEC ID number            | С                         |
| 4.   |  | FEC ID number            | С                         |
|  |  |                          |                           |
| ame of Any Connected , HARRIS VICTORY  | d Organization, Affiliated Committee, Joint Fund   | raising Representative   | e, or Leadership PAC Spon |
| HARRIS VICTORY   | -UND   |                          |                           |
|  |  |                          |                           |
| Mailing Address  | 430 SOUTH CAPITOL STREET SE  |                          |                           |
| ag / 144.000   |  |                          |                           |
|  | WASHINGTON   | , DC                     | 20003                     |
| Relationship:  | CITY ▲   | STATE A                  | ZIP CODE A                |
| neialionsnip.  | CITY   | STATE                    | ZIP CODE                  |
|  | ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)                          | t Fundraising Represent  | ative Leadership PAC Sp   |
|  |  | t Fundraising Represent  | Leadership PAC Sp         |
| esignated Agent: Identi  |  | t Fundraising Represent  | Leadership PAC Sp         |
| esignated Agent: Identi  |  | t Fundraising Represent  | Leadership PAC Sp         |
| esignated Agent: Identi  |  | t Fundraising Represent  | Leadership PAC Sp         |
| esignated Agent: Identi  | fy by name, address (phone number – optional)  | st Fundraising Represent |                           |
| esignated Agent: Identi  Full Name  Mailing Address  | fy by name, address (phone number – optional)  CITY  |                          |                           |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   T  | STATE A                  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and ma | fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ma | fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ma | fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc   | fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identic Full Name   | fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |

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

Page \_\_\_ **of** 8\_\_\_

| h). <b>Joint Fundraisi</b>   |   | FEC ID number              | C                         |
|--|---|----------------------------|---------------------------|
| 1.   |   | FEC ID number              | C                         |
| 2.   |   |                            |                           |
| 3.   |   | FEC ID number              | C                         |
| 4.   |   | FEC ID number              | C                         |
| ame of Any Connected   | l Organization, Affiliated Committee, Joint Fundr                           | aising Representative      | e. or Leadership PAC Spon |
| -  | E DEMOCRATIC PARTIES  |                            | · · ·                     |
|  |   |                            |                           |
|  |   |                            |                           |
| Mailing Address  | 959 WINDSONG PL   |                            |                           |
|  | 1   |                            |                           |
|  | PETOSKEY  | ı MI                       | 49770                     |
| Relationship:  | CITY A  | STATE A                    | ZIP CODE A                |
|  |   |                            |                           |
|  | Affiliated Committee X Joint  fy by name, address (phone number – optional) | Fundraising Represent      | Leadership PAC S          |
| esignated Agent: Identi  |   | -undraising Hepresent      | Leadership PAC S          |
| esignated Agent: Identi  |   | - rundraising Hepresent    | Leadership PAC S          |
| esignated Agent: Identi  |   | Fundraising Representation | Leadership PAC S          |
| esignated Agent: Identi  |   | Fundraising Hepresent      | Leadership PAC S          |
| esignated Agent: Identi  | fy by name, address (phone number – optional)                               | STATE A                    | Leadership PAC S          |
| esignated Agent: Identi  Full Name  Mailing Address  | fy by name, address (phone number – optional)  CITY                         |                            |                           |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   Te                    | STATE A                    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   CITY   Te             | STATE A                    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mail to the content of the conte | fy by name, address (phone number – optional)  CITY   CITY   Te             | STATE A                    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,  | fy by name, address (phone number – optional)  CITY   CITY   Te             | STATE A                    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,  | fy by name, address (phone number – optional)  CITY   CITY   Te             | STATE A                    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc   | fy by name, address (phone number – optional)  CITY   CITY   Te             | STATE A                    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc   | fy by name, address (phone number – optional)  CITY   CITY   Te             | STATE A                    | ZIP CODE A                |