Image# 202204069495953666				04/06/2022 09 . 33
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4
1. NAME OF	(Chack if name	Example: If twoing two		ice Use Only
COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Adam For Oklah	oma Fund			
ADDRESS (number and street)	13927 E 171st St S			
(Check if address				
is changed)	Bixby		OK740	08
			STATE	ZIP CODE
			SIALE	
COMMITTEE'S E-MAIL ADDRE				
 (Check if address is changed) 	info@AdamForOklaho			
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 04 0	5 / Y Y Y Y 2022			
3. FEC IDENTIFICATION N	UMBER ► C c	00811828		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
-				
Type or Print Name of Treasure	er Holley, Adam, , ,			
Signature of Treasurer	ey, Adam, , ,	[Electronically Filed]	Date 04	06 / Y Y Y Y Y 2022
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED \		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

04/06/2022 09 : 33

L

	Page 2
Candidate Committee: (a) Image: 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 Holley, Adam, , , Candidate Office Party Affiliation REP Office Senate Sought: House Mame of Candidate Office Party Affiliation REP Office Senate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Image: Candidate Party Committee: (National, State or subordinate) committee of the	
 (a) Hois 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 Party Affiliation REP Office Sought: House Senate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee is a (National, State or subordinate) committee of the for subordinate (National, State or subordinate) committee of the for subordinate) committee of the for subordinate (National, State or subordinate) committee of the for subordinate) committee committee of the for subordinate) committee committee committee committee committee committe	
 (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Compose the canadidate information below.) Name of Candidate Party Affiliation REP Office Sought: House Senate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State or subordinate) committee of the Feature of the F	
Name of Candidate Candidate Party Affiliation REP Office Sought: House K Senate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the F	
Candidate Party Affiliation REP Office Sought: House K Senate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the	plete the candidate
Party Affiliation REP Sought: House Senate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a (national, State (or subordinate) committee of the	
Name of Candidate	State OK District 00
Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the F	
(d) This committee is a (National, State or subordinate) committee of the	
(d) This committee is a or subordinate) committee of the	
Political Action Committee (PAC):	(Democratic, Republican, etc.) Party.
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected 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 separate seg committee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number C	
3 FEC ID number C	
4 FEC ID number C	

I

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Adam For Oklahoma Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fu	undraising 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.

Holley, Ada	am, , ,
Full Name	
Mailing Address	13927 E 171st ST S
	[
	Bixby OK 74008
Title or Position	CITY STATE ZIP CODE
Treasurer	Image: Telephone number 918 900 4441

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	Holley, Adam, , ,
Mailing Address	13927 E 171st ST S
	Bixby
Title on Decition	CITY STATE ZIP CODE
Title or Position	Telephone number 918 900 4441

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent														I									1			
Mailing Address																										
																			L				_			
						C	:IT)	(STA	ΤE				ZII	ΡC	OD	١E		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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.

Cr	ossFirst Bank	
Mailing Address	7120 South Lewis	
	⊺Tulsa _	OK 74136 – – – – – – – – – – – – – – – – – – –
	CITY	STATE ZIP CODE
Name of Bank, Depos	sitory, etc.	
Mailing Address		
	CITY	STATE ZIP CODE