| FEC FORM 1 | STATEMEN ORGANIZ | | | PAGE 1 / 5 |
|-----------------------------------|---|--|---------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| | Political Action Co | | | |
| ADDRESS (number and street | | | | |
| is changed) | L | | OK 74 STATE ▲ | 1103 [] ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADD | RESS | | | |
| (Check if address is changed) | fecinfo@pass1.com | | | |
| | Optional Second E-Mail Add | dress .COM | | |
| (Check if address is changed) | | | | |
| 2. DATE 08 / | 15 / Y Y Y Y 15 / 2022 | | | |
| 3. FEC IDENTIFICATION | NUMBER ► C co | 00554444 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| I certify that I have examined | d this Statement and to the best | of my knowledge and belief it | is true, correct an | d complete. |
| Type or Print Name of Treas | urer King, Cyndi, , , | | | |
| Signature of Treasurer | ing, Cyndi, , , | [Electronically Filed] | Date 08 | / D D / Y Y Y Y 15 2022 |
| NOTE: Submission of false, er | roneous, or incomplete information ANY CHANGE IN INFORMA | may subject the person signing t TION SHOULD BE REPORTED | | e penalties of 52 U.S.C. §30109 |
| Office Use Only | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

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| EC Form 1 (Revised 03/2022) | Page 2 |
|--|--|
| TYPE OF COMMITTEE: | |
| Candidate Committee: | |
| (a) This committee is a principal campaign committee. (Complete the candidate information below | w.) |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co | omplete the candidate |
| Name of Candidate | |
| CandidateOfficeParty AffiliationSought:HouseSenatePresidential | State lent District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| Name of Candidate | |
| (d) This committee is a | Democratic, Jepublican, etc.) Party |
| Political Action Committee (PAC): | |
| (e) x This committee is a separate segregated fund. (Identify connected organization on line 6.) Its | s 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 separate committee. (i.e., nonconnected committee) | 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 accounts | (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 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. | L | | | | | | | | | | | | | | | С | | | | |
|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|
| 2. | L | | | | | | | | | | | | | | | С | | | | |

| 6. | Name of Any Connected O ONE Gas, Inc. | rganization, Affiliated | Committee, Joir | nt Fundraising Re | epresentative, or L | eadership PAC Sponsor |
|----|--|-------------------------|-------------------|-------------------|---------------------|------------------------|
| | | | | | | |
| | | | | | | |
| | Mailing Address | 15 East Fifth Street | | | | |
| | | | | | | |
| | | Tulsa | | | ОК | 74103 |
| | | | CITY ▲ | | STATE ▲ | ZIP CODE |
| | Relationship: X Connected | Organization Affilia | ated Organization | Joint Fundrais | sing 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.

| Shaikh, M | ladiha, , , | |
|----------------------|----------------------|----------------------|
| Full Name | | |
| Mailing Address | 15 East Fifth Street | |
| | | |
| | Tulsa | OK 74103 - |
| | CITY A | STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | | |
| Custodian of Records | Telephone numb | ber 918 - 947 - 7863 |

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 | King, Cyndi, , , |
|-------------------|---|
| of Treasurer | |
| Mailing Address | 15 East Fifth Street |
| | |
| | Tulsa OK 74103 - - - |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | , |
| Treasurer | Image: |

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|-------------------------------------|-------------------------|--------|
| Full Name of Designated Agent | Shaikh, Madiha, , , | |
| Mailing Address | 15 East Fifth Street | |
| | | |
| | Tulsa OK 74103 | |
| | CITY 🔺 STATE 🔺 Z | |
| Title or Position | 7 | |
| Assistant Treasu | rer Telephone number | 47 |

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.

| Bar | k of Oklahoma | | |
|-----------------------|---------------|---------|----------|
| Mailing Address | P.O. Box 2300 | | |
| | | | |
| | Tulsa | OK 7419 | 2 |
| | CITY 🔺 | STATE ▲ | ZIP CODE |
| Name of Bank, Deposit | ory, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🔺 | STATE A | ZIP CODE |

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This registration is being amended to reflect the new Assistant Treasurer and Custodian of Records.

Form/Schedule: Transaction ID: