FEC

Only

STATEMENT OF

PAGE 1/9

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Families for James Lankford PO Box 1639 ADDRESS (number and street) (Check if address is changed) Bethany 73008-1639 OK CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address terri@jameslankford.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.jameslankford.com (Check if address is changed) DATE 01 2025 C00466482 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 Miller, Terri, Lynn, Mrs. Date 10 02 2025 Signature of Treasurer Miller, Terri, Lynn, Mrs., 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

E	Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Lankford, James, Paul, ,	
	Candidate Party Affiliation REP Office Sought: House X Senate President	State OK District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a NAT (National, State or subordinate) committee of the Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	I organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperat	ive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

I	FEC Form 1 (Revised 0)2/2009)		Page 3
٧	Vrite or Type Committee Name			
	Families for Jam	ies Lankford		
6.		rganization, Affiliated Committee, Joint Fur	ndraising Representa	tive, or Leadership PAC Sponsor
	Monday Meeting PA			
		₁ 228 S Washington St		
	Mailing Address	Ste 115		
		Ste 115		
		Alexandria	VA	22314-5404
		CITY ▲	STATE	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X	Joint Fundraising Repre	sentative Leadership PAC Sponso
	Custodian of Decarded Identification		J) and position of the p	areas in procession of committee
7.	books and records.	tify by name, address (phone number optiona	al) and position of the p	erson in possession of committee
	Millor Torr	ii Lynn Mrs		
	Full Name	ri, Lynn, Mrs.,		
	Mailing Address	14520 Chambery Ct		
	Mailing / Idanooo			
		Yukon	OK	73099-4743
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		Telephone number	405 - 826 - 6448
8.		d address (phone number optional) of the	treasurer of the comm	ittee; and the name and address of
	any designated agent (e.g.,	assistant treasurer).		
		ri, Lynn, Mrs.,		
	of Treasurer			
	Mailing Address	14520 Chambery Ct		
		Yukon	OK	73099-4743
		OIT/	0.747	70.005.4
	Title or Position ▼	CITY ▲	STATE	ZIP CODE ▲
	Treasurer	1		405 826 6448
			Telephone number	

FEC Form 1 (Revised	02/2009)		Page 4
Full Name of Designated Miller, Te Agent	rri, Lynn, Mrs.,	1 1 1 1 1 1 1 1	
Mailing Address	14520 Chambery Ct		
	Yukon	OK 73	099-4743
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Custodian of Records		number 405	_ 826 _ 6448
Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or other depositories in which the comintains funds.	nmittee deposits funds,	holds accounts, rents
Name of Bank, Depository,	etc.		
MidFirs	t Bank	1 1 1 1 1 1 1 1	
Mailing Address	PO Box 76149		
	Oklahoma City	OK 731	42
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
MidFirs	t Bank		
Mailing Address	PO Box 76149		
	Oklahoma City	OK 731	42
	CITY ▲	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F1A Transaction ID:

Add Joint Fundraising Committee

Form/Schedule: Transaction ID:

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

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h). Joint Fundraisi	ig i ai tioipaitti			
1.		FEC	ID number	С
2.		FEC	ID number	C
3.		FEC	ID number	С
4.		FEC	ID number	C
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ame of Any Connected	Organization, Affiliated Committee,	Joint Fundraising R	epresentative	e, or Leadership PAC Spon
Leadership & Accou	ntability are National Keys PAC			
1				
Mailing Address				
			1 , 1	I , , , , I-I , ,
Relationship:	CITY A		STATE A	ZIP CODE ▲
	d Organization Affiliated Committee	Joint Fundraisi	ng Representa	Leadership PAC Sp
esignated Agent: Identi	d Organization Affiliated Committee y by name, address (phone number –		ng Representa	Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number -		ng Representa	Active X Leadership PAC Sp
esignated Agent: Identi Moore, Full Name	y by name, address (phone number –		ng Representa	Leadership PAC Sp
esignated Agent: Identi Moore, Full Name	y by name, address (phone number –		ng Representa	Leadership PAC Sp
esignated Agent: Identi Moore, Full Name Mailing Address	y by name, address (phone number – Lonnie, , , , , , , , , , , , , , , , , , ,			
esignated Agent: Identi Moore, Full Name	y by name, address (phone number – Lonnie, , , , , , , , , , , , , , , , , , ,		OK STATE A	73064-4267
esignated Agent: Identi Moore, Full Name Mailing Address TITLE OR POSITION Designated Agent anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number –	optional) Telephone	OK OK STATE A	73064-4267 ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundrais i	5 1		
1.		FEC ID num	ber C
2.		FEC ID num	ber C
3.		FEC ID num	ber C
4.		FEC ID num	ber C
ame of Any Connected	l Organization, Affiliated Committee, Joint	Fundraising Represen	tative, or Leadership PAC Spo
Lankford Victory Fu	nd 		
Mailing Address	PO Box 1639		
	Bethany	0	K 73008-
Relationship:	CITY A	STAT	E ▲ ZIP CODE ▲
	Affiliated Committee Affiliated Committee fy by name, address (phone number – option	Joint Fundraising Repre	esentative Leadership PAC
			esentative Leadership PAC
esignated Agent: Ident			esentative Leadership PAC
esignated Agent: Ident			esentative Leadership PAC
esignated Agent: Ident			esentative Leadership PAC
esignated Agent: Ident	fy by name, address (phone number – optio		
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optio	nal)	ZIP CODE A
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – option CITY CITY Ories: List all banks or other depositories in the initial trains funds.	STATE Telephone Number	ZIP CODE zip conts, re

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spon
One Team Senate N	Majority		
Mailing Address	421 Office Park Drive		
Ü			
	Mountain Brk	AL	35223-
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or m	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in white	STATE A Telephone Number	ZIP CODE A
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 Ories: List all banks or other depositories in which an intains funds.	STATE A Telephone Number	ZIP CODE A

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	Indraising Representative	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		loint Fundraising Represent	Zauto Zautololiip 1710 op
esignated Agent: Identif	y by name, address (phone number – optional		
			Leadership PAC Sp
Full Name			
Full Name			
Full Name	y by name, address (phone number – optional		ZIP CODE A
Full Name	y by name, address (phone number – optional		
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional	STATE A Telephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	y by name, address (phone number – optional CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A