

For help completing Form 1, please double-click the

icon next to each line number.

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

RECEIVED  
2011 SEP 26 AM 10:27

Office Use Only  
FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Dwayne Thompson U.S. Congress 2012

ADDRESS (number and street)

9276 S. 259th E. Ave.

☒

(Check if address  
is changed)

Broken Arrow

OK

74014

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☒

(Check if address  
is changed)

hammpediatrics@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

dwaynethompson.org

2. DATE

09 ' 19 ' 2011

3. FEC IDENTIFICATION NUMBER

C 00501296

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

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

Brandi Hamm

Signature of Treasurer



Date

09 ' 19 ' 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2009)

11030663707

## 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 candidate information below.)

Name of Candidate

Dwayne Thompson

Candidate  
Party Affiliation

Rep

Office  
Sought:

House



Senate



President

State

OK

District

02

- (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 \_\_\_\_\_ (Democratic, 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 separate segregated fund or party committee. (i.e., nonconnected committee)

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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) 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. \_\_\_\_\_ FEC ID number C

2. \_\_\_\_\_ FEC ID number C

3. \_\_\_\_\_ FEC ID number C

4. \_\_\_\_\_ FEC ID number C

11030663708

Write or Type Committee Name

Dwayne Thompson U.S. Congress 2012

## 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 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.

Full Name

Brandi Shantil Hamm

Mailing Address

9276 S. 259th E. Ave.

Broken Arrow

OK

74014

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

918

- 812

- 9562

## 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

Brandi Shantil Hamm

Mailing Address

9276 S. 259th E. Ave.

Broken Arrow

OK

74014

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

918

- 812

- 0562

Full Name of  
Designated  
Agent

Tammy Sue Murray

Mailing Address

P.O. Box 257

Tahlequah

CITY

OK

STATE

74465

ZIP CODE

Title or Position

Treasurer

Telephone number

918 - 478 - 3050

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.

Arvest Bank

Mailing Address

735 N. York

Muskogee

CITY

OK

STATE

74403

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

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Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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|----------------------------------------------------------------------------------|-------------------------------|
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| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                    |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                               |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked                    |
| <input type="checkbox"/> Postmark Illegible                                      |                               |
| <input type="checkbox"/> No Postmark                                             |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                 |
| Next Business Day Delivery <input type="checkbox"/>                              |                               |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt               |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt               |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt               |
| <input type="checkbox"/> Other (Specify):                                        | Date of Receipt or Postmarked |

  
PREPARER

**9/26/11**  
DATE PREPARED