FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. HERN FOR CONGRESS 9521-B Riverside Pkwy ADDRESS (number and street) #350 (Check if address is changed) Tulsa 74137 OK CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@axcapteam.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00636092 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 Phillips, Robert, , , III Phillips, Robert, , , III Date 06 20 2024 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

EC Fo	orm 1 (Revised 03/2022)	Page 2
TYF	PE OF COMMITTEE:	
Car	ndidate Committee:	
(a)	X 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 car information below.)	ndidate
	ame of Hern, Kevin, , , andidate	
-	andidate arty Affiliation REP Office Sought: X House Senate President	State OK District 01
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
Par	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party
		, raity
Pol	itical Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ganization is a:
	Corporation Corporation w/o Capital Stock Labor Organi	ization
	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 fun committee. (i.e., nonconnected committee)	d 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.	
Joi	nt Fundraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo	re political
(1)	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 mo committees/organizations, none of which is an authorized committee of a federal candidate.	re political
(Committees Participating in Joint Fundraiser	
-	1	

	FEC Form 1 (Revise	d 02/2009)	Page 3
٧	Write or Type Committee Na		
	HERN FOR CO		
6.		I Organization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
	HERN VICTORY F	-UND 	
	Mailing Address	9521-B Riverside Pkwy #350	
		TULSA	K
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Relationship: Connect	ted Organization Affiliated Organization X Joint Fundraising Rep	resentative Leadership PAC Sponso
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the	person in possession of committee
	Phillips,	Robert, , , III	
	Mailing Address	9521-B Riverside Pkwy	
		#350	
		TULSA	K 74137
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	202 866 8229
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the com g., assistant treasurer).	imittee; and the name and address of
	Full Name Phillips, of Treasurer	, Robert, , , III	
	Mailing Address	9521-B Riverside Pkwy	
	Walling Addiess	J#350	
		TULSA	DK 74137
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼	-	
	Treasurer	Telephone number	202 866 8229

FEC F	Form 1 (Revised 02/2009)	Page 4
Full Name Designated Agent		
Mailing Ad	dress	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Po	sition ▼	
	Telephone number	-
. Banks or safety depo	Other Depositories: List all banks or other depositories in which the committee deposits funds, osit boxes or maintains funds.	holds accounts, rents
Name of B	ank, Depository, etc.	
	Firstar Bank	
Mailing Add	dress 9696 E 101st Street	
	Tulsa OK 74	133
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of B	ank, Depository, etc.	
	Huntington National Bank	
Mailing Add	dress 6340 Frantz Rd	
	Dublin OH 430	017
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	I Organization, Affiliated Committee, Joint Fund ATIVE VICTORY FUND	draising Representative	e, or Leadership PAC Spons
Mailing Address	555 METRO PL N		
	STE 525		
Relationship:	DUBLIN CITY A	OH OH STATE ▲	43017 ZIP CODE ▲
riolationip.	OH T	OTATE A	ZII OODL A
	Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spi
esignated Agent: Ident		nt Fundraising Representa	Leadership PAC Spo
esignated Agent: Ident		nt Fundraising Representa	Leadership PAC Spr
esignated Agent: Ident		nt Fundraising Representa	Leadership PAC Spi
esignated Agent: Ident	fy by name, address (phone number – optional)		
esignated Agent: Ident	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
resignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION Lanks or Other Deposite afety deposit boxes or necessity.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or name of Bank, pepository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds. E BANK	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or name of Bank, pepository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds. E BANK	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected FREEDOMWORKS P	Organization, Affiliated Committee, Joint Fundr AC	aising Representative	e, or Leadership PAC Spons
Mailing Address	1111 K ST NE		
	STE 600		
	WASHINGTON	DC DC	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identify	by name, address (phone number - optional)		
Designated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A	elephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY CITY Te ies: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma	CITY CITY Te ies: List all banks or other depositories in which	elephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailame of Bank, Depository, etc.	CITY CITY Te ies: List all banks or other depositories in which intains funds.	the committee deposit	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma	CITY CITY Te ies: List all banks or other depositories in which	the committee deposit	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailame of Bank, Depository, etc.	CITY CITY Te ies: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailame of Bank, Depository, etc.	CITY CITY Te ies: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

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	С
_	I Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spons
FREEDOMWORKS	VICTORY 2023		
Mailing Address	PO BOX 26141		
	ALEXANDRIA	VA VA	22313
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Represent	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Joint	Fundraising Represent	Leadership PAC Spo
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Joint	Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi	ed Organization Affiliated Committee X Joint	Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi	ed Organization Affiliated Committee X Joint	Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi	Affiliated Committee X Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Joint fy by name, address (phone number – optional) CITY CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A slephone Number the committee deposit	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.	Affiliated Committee X Joint fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which naintains funds.	STATE A slephone Number the committee deposit	ZIP CODE ZIP CODE ts funds, holds accounts, rents