

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

FALLIN FOR CONGRESS

ADDRESS (number and street) PO Box 720634

Check if different than previously reported. (ACC) Oklahoma City OK 73172

2. **FEC IDENTIFICATION NUMBER** C00415778 **CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) OK 05

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on in the State of  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mike Deeba

Signature of Treasurer Electronically Filed by Mike Deeba Date 01 29 2010

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

Office Use Only **FEC FORM 3** (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

FALLIN FOR CONGRESS

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	10358.92
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	10358.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	9570.24	122147.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	11101.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9570.24	111046.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	84084.23	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
FALLIN FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

0.00

858.92

(iii) TOTAL of contributions

0.00

858.92

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

9500.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

0.00

10358.92

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

11101.40

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

19.75

176.29

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

19.75

21636.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

4 / 14

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	9570.24	122147.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	1890.00	27040.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	11460.24	149187.79

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	95524.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	19.75
25. SUBTOTAL (add Line 23 and Line 24).....	95544.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11460.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	84084.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
FALLIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Aristotle International  Mailing Address 205 Pennsylvania Ave SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Computer Software Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4470 Date of Disbursement 10 / 21 / 2009  Amount of Each Disbursement this Period 2400.00  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) AT&T  Mailing Address PO Box 650553  City Dallas State TX Zip Code 75265  Purpose of Disbursement Telephone Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4455 Date of Disbursement 10 / 26 / 2009  Amount of Each Disbursement this Period 154.51  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) AT&T  Mailing Address PO Box 650553  City Dallas State TX Zip Code 75265  Purpose of Disbursement Telephone Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4456 Date of Disbursement 10 / 27 / 2009  Amount of Each Disbursement this Period 295.86  001 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2850.37

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
FALLIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 650553 City Dallas State TX Zip Code 75265 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4457 Date of Disbursement 12 / 18 / 2009 Amount of Each Disbursement this Period 155.00 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) AT&T Mobility/Cingular Wireless Mailing Address PO Box 650553 City Dallas State TX Zip Code 75265 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4438 Date of Disbursement 10 / 01 / 2009 Amount of Each Disbursement this Period 154.61 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) AT&T Mobility/Cingular Wireless Mailing Address PO Box 650553 City Dallas State TX Zip Code 75265 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4453 Date of Disbursement 11 / 27 / 2009 Amount of Each Disbursement this Period 273.36 001 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**582.97**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
FALLIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AT&T Mobility/Cingular Wireless	Transaction ID: SB17.4454 Date of Disbursement																			
	Mailing Address PO Box 650553	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	9													
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephone Expense Candidate Name	<table border="1"><tr><td>243.52</td></tr></table>	243.52																		
243.52																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: SB17.4458 Date of Disbursement																			
	Mailing Address 300 First St., SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	9													
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Food and Beverage Candidate Name	<table border="1"><tr><td>102.57</td></tr></table>	102.57																		
102.57																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: SB17.4459 Date of Disbursement																			
	Mailing Address 300 First St., SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	9													
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Food and Beverage Candidate Name	<table border="1"><tr><td>131.75</td></tr></table>	131.75																		
131.75																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/ Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>477.84</td></tr></table>	477.84
477.84		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
FALLIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First St., SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Food and Beverage Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.4460 Date of Disbursement 12 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 69.84
<b>B.</b>	Full Name (Last, First, Middle Initial) MARY C. FALLIN <hr/> Mailing Address 3109 Hickory Stick <hr/> City Oklahoma City State OK Zip Code 73120 <hr/> Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;"></span> Category/Type <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 05	Transaction ID: SB17.4479 Date of Disbursement 12 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 259.95
<b>C.</b>	Full Name (Last, First, Middle Initial) Renaissane Tulsa <hr/> Mailing Address 6808 S 107th <hr/> City Tulsa State OK Zip Code 74133 <hr/> Purpose of Disbursement Lodging Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">002</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.4479.0 Date of Disbursement 12 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 259.95 [MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

329.79

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
FALLIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) FEC Financial, LLC <hr/> Mailing Address PO Box 651374 <hr/> City Potomac Falls State VA Zip Code 20165 <hr/> Purpose of Disbursement Accounting Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4441 Date of Disbursement 10 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> 001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) FEC Financial, LLC <hr/> Mailing Address PO Box 651374 <hr/> City Potomac Falls State VA Zip Code 20165 <hr/> Purpose of Disbursement Accounting Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4451 Date of Disbursement 11 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> 001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) FEC Financial, LLC <hr/> Mailing Address PO Box 651374 <hr/> City Potomac Falls State VA Zip Code 20165 <hr/> Purpose of Disbursement Accounting Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4452 Date of Disbursement 12 / 14 / 2009 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> 001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
FALLIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Graffec Communications

Transaction ID: SB17.4468  
Date of Disbursement

Mailing Address 3168 N Portland Ave

12 / 29 / 2009

City Oklahoma City State OK Zip Code 73112

Amount of Each Disbursement this Period

Purpose of Disbursement  
Christmas Card Printing

001  
Category/  
Type

1505.92

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Midfirst Bank

Transaction ID: SB17.4448  
Date of Disbursement

Mailing Address 305 N Macarthur Blvd.

10 / 30 / 2009

City Oklahoma City State OK Zip Code 73127

Amount of Each Disbursement this Period

Purpose of Disbursement  
Bank Service Fee

001  
Category/  
Type

45.00

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Midfirst Bank

Transaction ID: SB17.4449  
Date of Disbursement

Mailing Address 305 N Macarthur Blvd.

11 / 30 / 2009

City Oklahoma City State OK Zip Code 73127

Amount of Each Disbursement this Period

Purpose of Disbursement  
Bank Service Fee

001  
Category/  
Type

45.00

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1595.92

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
FALLIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Midfirst Bank

Transaction ID: SB17.4450  
Date of Disbursement

Mailing Address 305 N Macarthur Blvd.

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

City Oklahoma City State OK Zip Code 73127

Amount of Each Disbursement this Period

Purpose of Disbursement  
Bank Service Fee

001
Category/ Type

15.00
-------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Oklahoma Republican Party

Transaction ID: SB17.4461  
Date of Disbursement

Mailing Address 4301 N Lincoln Blvd.

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	9	

City Oklahoma City State OK Zip Code 73105

Amount of Each Disbursement this Period

Purpose of Disbursement  
Event Tickets

007
Category/ Type

1875.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Tortilla Coast

Transaction ID: SB17.4464  
Date of Disbursement

Mailing Address 400 1st St. SE

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	9	

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Food and Beverage

001
Category/ Type

191.76
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) .....

2081.76
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TOTAL This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 14

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
FALLIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address 6001 NW 63rd St

City Oklahoma City State OK Zip Code 73132

Purpose of Disbursement  
Postage Expense

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.4466  
Date of Disbursement

12 / 09 / 2009

Amount of Each Disbursement this Period

871.20

SUBTOTAL of Disbursements This Page (optional) ..... ▶

871.20

TOTAL This Period (last page this line number only) ..... ▶

9539.85

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
FALLIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
DOUG HOFFMAN FOR CONGRESS

Transaction ID: SB21.4475

Mailing Address 111 RIVER STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	9

City State Zip Code  
SARANAC LAKE NY 12983

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
DOUGLAS L. MR. HOFFMAN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

B.

Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SB21.4463

Mailing Address 320 FIRST STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

City State Zip Code  
WASHINGTON DC 20003

Amount of Each Disbursement this Period

190.00
--------

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Oklahoma's First Ladies

Transaction ID: SB21.4442

Mailing Address 8217 E 56 PI.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	9

City State Zip Code  
Tulsa OK 74145

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Event Sponsorship

012  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

940.00
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TOTAL This Period (last page this line number only) ..... ►

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
FALLIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Oklahoma Heritage Association

Mailing Address 1400 Classen Dr

City Oklahoma City State OK Zip Code 73106

Purpose of Disbursement  
Contribution

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.4473  
Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

450.00

B.

Full Name (Last, First, Middle Initial)  
Oklahoma Republican Party

Mailing Address 4301 N Lincoln Blvd.

City Oklahoma City State OK Zip Code 73105

Purpose of Disbursement  
Event Sponsorship

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.4462  
Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶

950.00

TOTAL This Period (last page this line number only) ..... ▶

1890.00