

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAILCENTER

2024 APR 17 PM 4:27
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Rogers for U.S. House of Representatives #1

ADDRESS (number and street) P.O. Box 701103
 (Check if address is changed)
Tulsa OK 74170-1103
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) evelyn.rogers@yahoo.com
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 04 / 04 / 2024

3. FEC IDENTIFICATION NUMBER C H6OK03165

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

After phone call to 202-694-1100 to RAO. division, opt #5... This original is being sent a 2nd time as the 1st FEC FORM 1 (4 pages) has not been processed yet. ECR 04/15/2024 Thank you.

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 Evelyn L. Rogers

Signature of Treasurer Evelyn L. Rogers Date 04 / 04 / 2024

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.

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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 E v e l y n L R o g e r s

Candidate Party Affiliation D E M Office Sought: House Senate President State O K District 0 1

- (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.)
- (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. _____
- 2. _____

C _____
C _____

NON-PROFIT ORGANIZATION

Write or Type Committee Name

Rogers for U.S. House of Representatives #1

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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

E | v | e | l | y | n | L | . | R | o | g | e | r | s

Mailing Address

P | . | O | . | B | o | x | 7 | 0 | 1 | 1 | 0 | 3

T | u | l | s | a | O | K | 7 | 4 | 1 | 7 | 0 | - | 1 | 1 | 0 | 3

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

C | a | n | d | i | d | a | t | e

Telephone number 9 | 1 | 8 | - | 9 | 0 | 0 | - | 4 | 9 | 7 | 2

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

E | v | e | l | y | n | L | . | R | o | g | e | r | s

Mailing Address

P | . | O | . | B | o | x | 7 | 0 | 1 | 1 | 0 | 3

T | u | l | s | a | O | K | 7 | 4 | 1 | 7 | 0 | - | 1 | 1 | 0 | 3

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

T | r | e | a | s | u | r | e | r

Telephone number [] - [] - []

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Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

B a n k o f O k l a h o m a

Mailing Address

7 1 s t & O l y m p i a

[Empty grid for Mailing Address line 2]

T u l s a OK 7 4 1 3 2

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

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PRESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL



20453

APR 16, 2024

RDC 07

\$30.45

R2304M112900-08

PRIORITY MAIL EXPRESS



PRIORITY MAIL EXPRESS



EI 934 757 933 US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE (R18) 500-4973
 Evelyn L. Rogers
 Rogers for U.S. House of Representatives
 #1
 P.O. Box 70103
 Tulsa, OK 74170-1103

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: (1) Requires the addressee's signature; OR (2) Purchases additional insurance; OR (3) Purchases COD services; OR (4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- Delivery Options
 - No Saturday Delivery (delivered next business day)
 - Sunday/Holiday Delivery (additional fee, where available)
 - Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE 202-694-1100
 Federal Election Commission (FEC)
 Attn: R. A. D.
 999 E. St, N.W.
 Washington, D.C.

ZIP + 4® (U.S. ADDRESSES ONLY)

20463

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance Included.

PEEL FROM THIS CORNER

PAYMENT BY ACCOUNT (if applicable)

Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 1-Day 2-Day Military POPO

74136 Scheduled Delivery Date (MM/DD/YY) 06/17/24 Postage \$ 30.45

Date Accepted (MM/DD/YY) 4/16/24 Scheduled Delivery Time 6:00 PM Insurance Fee \$ COD Fee \$

Time Accepted 3:37 PM Return Receipt Fee \$ Live Animal Transportation Fee \$

Special Handling/Fragile \$ Sunday/Holiday Premium Fee \$ Total Postage & Fees \$ 30.45

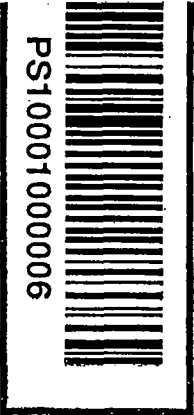
Weight lbs. 2.00 Flat Rate Acceptance Employee Initials \$

DELIVERY (POSTAL SERVICE USE ONLY) Delivery Attempt (MM/DD/YY) Time AM PM Employee Signature

DELIVERY (POSTAL SERVICE USE ONLY) Delivery Attempt (MM/DD/YY) Time AM PM Employee Signature

LABEL 11x8, NOVEMBER 2023

PSN 7690-02-000-8996




EP13F July 2022
OD: 12 1/2 x 9 1/2



NOV 16 2023 10:00 AM 0040000000

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked <i>04/16/2024</i>
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	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	<i>04/18/2024</i> DATE PREPARED

(4/2023)

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