Image# 202112299474741875				PAGE 1/4
FEC FORM 1	STATEMEI ORGANIZ		Of	fice Use Only
1. NAME OF	(Check if name	Example:If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.	TTLFHD	
	SIONAL 5TH DI			
ADDRESS (number and street)	5909 NW EXPRESSWAY			
(Check if address	SUITE 165			
is changed)	OKLAHOMA CITY		OK731	32
			L_L STATE ▲	
COMMITTEE'S E-MAIL ADDF	DEWAYNE@OKGOP.	COM		
(Check if address is changed)				
	Optional Second E-Mail Ad			I
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
	29 ⁷ 2021			
3. FEC IDENTIFICATION I	NUMBER ► C C	00760306		
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 in	t is true, correct and	complete.
	rer MCANALLY, DEWAYNE, , ,			
Type or Print Name of Treasu				
Signature of Treasurer	CANALLY, DEWAYNE, , ,	[Electronically Filed]	Date 12	29 / Y Y Y Y 2021
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

12/29/2021 09 : 19

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate	-			
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	F	EC Fo	rm 1 (Revised 02/2009)	Page 2
(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 Office Sought House Senate President State District Committee supports/opposes only one candidate, and is NOT an authorized committee. Party Committee: (National, State or subordinate) committee of the REP Republican, etc.) Part Political Action Committee (PAC): (National, State Corporation Corporation w/o Capital Stock Labor Organization Corporation Corporation w/o Capital Stock Labor Organization In addition, this committee is a Lobby/strRegistrant PAC. (I) In addition, this committee is a Lobby/strRegistrant PAC. (I) In addition, this committee is a Lobby/strRegistrant PAC. In additi				
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3 FEC ID number C				
		2.	FEC ID number	
4. FEC ID number		3.	FEC ID number	
		4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

THE CONGRESSIONAL 5TH DISTRICT REPUBLICAN COMMITTEE

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

BICE VICTORY COMI	MITTEE 	
Mailing Address	PO BOX 21315	
		OK 73156
	CITY	STATE ZIP CODE

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

MCANALL	Y, DEWAYNE, , ,	
Full Name		
Mailing Address	5909 NW EXPRESSWAY	
	SUITE 165	
		OK 73132
Title or Position	CITY ST.	ATE ZIP CODE
	Telephone number	405 640 0645

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 M of Treasurer	ICANALLY, DEWAYNE, , ,
Mailing Address	5909 NW EXPRESSWAY
	SUITE 165
	CITY STATE ZIP CODE
Title or Position	Image:

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																		1	1									
Mailing Address		L																										
		L																										
							CI				 									L		71						
Title or Position							CI	ΙΥ									517	41 E				ZI	P	JUL	JE			
												Tele	eph	one	e ni	umt	ber											

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.

C			
Mailing Address	1445A LAUGHLIN AVE		
			22101
	CITY	STATE	ZIP CODE
Name of Bank, Dep	pository, etc.		
L			
Mailing Address			
	CITY	STATE	ZIP CODE