Image# 27930050901 01/18/2007 08 : 27

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instru	Office use only			
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	e Example: If typying, type over the lines	12FE4M5		
Kalyn Free Fo	r Congress	1111111111			
ADDRESS (number and	406 South Bould	er 			
(Check if addless changed)	Mezz, #200		OK 74103 -		
		CITY▲	STATE▲ ZIP CODE ▲		
COMMITTEE'S E-MA kfree@cwis.ne			ı		
			<u> </u>		
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
COMMITTEE'S FAX I					
	, , , ,				
2. DATE M 1	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC IDENTIFICA	ATION NUMBER	C C00372524			
4. IS THIS STATEM	MENT NEW (N) O	R X AMENDED (A)			
I certify that I have exam	ined this Statement and to the best of my	y knowledge and belief it is true, correct	and complete		
Type or Print Name of	Treasurer Loyce Bell				
Signature of Treasure	Electronically Filed by Loyce	Bell	Date 0 1 / 18 / 2007		
NOTE: Submission of fa	·	n may subject the person signing this St	atement to the penalties of 2 U.S.C. S437g.		
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530	ission FEC FORM 1		

FEOForm 1 (Revised 02/2003)

5.	TYPE OF COMMITTEE (Check One)												
	(a)	X This co	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 Kalyn Cherie Fro				ree									
	Candidat Party Aff		DEM		Office Sough	V	House		Senate	Pre	esident	State District	OK 2
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.												
	Name of Candidat	te L											
	(d)	This cor	nmittee is	a			(National, Sta (or subordina		ittee of the			(Democratic, Republican,etc.)	Party.
	(e) This committee is a separate segregated fund												
	(f)	This cor		pports/	opposes	more than	one Federal	candidate,	, and is NO ⁻	T a separate :	segregated	I fund or party	
3.	S. Name of Any Connected Organization or Affiliated Committee												
L													
									1 1 1 1				
	Mailing A	Address		1 1	1 1 1	1 1 1	1 1 1 1	1 1 1			1 1 1	1 1 1 1 1	
			1										
			L I						1	1.1	1	1 1 .	1
			L							<u>Ш</u> .			
						Cl	ΓΥ ≜			STATE A		ZIP CODE	١
	Relationship												
	Type of Connected Organization:												
Corporation				Corporation w/o Capital Stock				Labor Organization					
Membership Organization				Trade Association			Cooperative						

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Write or Type Commit	tee Name						
Kalyn Free Fo	r Congress						
	ords: Identify by ommittee books a	name, address, (phone num nd records.	ber optional), and pos	sition of th	e person in		
Full Name	Kalyn C. Free						
Mailing Address		406 S. Boulder					
		Mess. Suite 200					
		Tulsa	0	<u>K</u>	74103 _		
Title or Position ♥		CITY A	STA	TE▲	ZIP COD	ODE A	
	andidate		Telephone number	918	583	6100	
Full Name of Treasurer Mailing Address	Loyce Bell	ted agent (e.g., assistant tre					
· ·		Mess. Suite 200					
		Tulsa		<u>K</u> _	74103 _		
Title or Position ♥							
		CITY A	STA	TE▲	ZIP COI	DE A	
	reasurer	CITY A	STA	918	ZIP COI	DE ▲	
Full Name of Designated Agent	reasurer	CITY A					
Full Name of Designated	reasurer	CITY A					
Full Name of Designated Agent	reasurer	CITY A		918		6100	

	FEC Form 1	Revised 02/2003) P.	age 4
9.	Banks or Other De safety deposit boxes	•	ents
	Name of Bank, Depo	ository, etc.	
		The Bank, N.A.	
	Mailing Address	PO Box 1067	
		McAlester OK 74502	- [

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷