

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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2012 SEP 24 AM 8:19  
Office Use Only

FEC MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (in full)  (Check if name is changed)

Example: If typing, type over the lines.

CHRISTIFIDELES PAC

ADDRESS (number and street)

1725 E. 15TH STREET

(Check if address is changed)

EDMOND

OK

73013

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

INFO@CHRISTIFIDELES.COM

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.CHRISTIFIDELES.COM

(Check if address is changed)

2. DATE

09 / 17 / 2012

3. FEC IDENTIFICATION NUMBER

C

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 it is true, correct and complete.

BRETT FARLEY

Type or Print Name of Treasurer

Signature of Treasurer

Date

09 / 14 / 2012

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

12030884995

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 \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought:  House  Senate  President State \_\_\_\_\_ District \_\_\_\_\_

- (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.)

**Joint Fundraising Representative:**

- (g)  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.
- (h)  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. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name  
**CHRISTIFIDELES PAC**

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

**NONE**

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

12030884997

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

**BRETT FARLEY**

Mailing Address

**1725 E. 15TH STREET**

**EDMOND**

**OK**

**73013**

Title or Position

CITY

STATE

ZIP CODE

**TREASURER**

Telephone number

**888**

**278**

**1383**

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

**BRETT FARLEY**

Mailing Address

**1725 E. 15TH STREET**

**EDMOND**

**OK**

**73013**

Title or Position

CITY

STATE

ZIP CODE

**TREASURER**

Telephone number

**888**

**278**

**1383**

Full Name of Designated Agent

BRETT FARLEY

Mailing Address

1725 E. 15TH STREET

EDMOND

CITY

OK

STATE

73013

ZIP CODE

Title or Position

TREASURER

Telephone number

888

278

1383

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.

CHASE BANK

Mailing Address

300 S. BRYANT AVE.

EDMOND

CITY

OK

STATE

73034

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030884998

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
9/18/12

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No Postmark

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Other (Specify): Date of Receipt or Postmarked

  
PREPARER

9/24/12  
DATE PREPARED

12030884999