STATE OF OKLAHOMA MUNCIPALITY OF (Name of Municipality)

CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE INFORMATION Name as it will appear on the ballot (Last, First, Middle)				AMENDED:		
				P	Party Affiliation on-Partisan	
Complete name of Office Sought /)/_	Special or General Election Date		
Dist Z	Jugar (i)		ourcil.	Special of	General Election Date	
Candidate Residence Street	Address 1	7	Candidate Mailing	Address 1		
5313	1 32	NEW		,		
Candidate Residence Street Address 2 3 32 0 L W			Candidate Mailing	Candidate Mailing Address 2		
Candidate Residence City, State, Zip Code			Candidate Mailing	City, State, Zij	p Code	
Phone Number 1 (xxx) xxx	-xxxx _ext. xxxxxx	Phone Number 2	(xxx) xxx-xxxx ext. xxxx	x Candidate	Email Address	
2. COMMITTEE	INFORMATION					
Candidate Committee Name	:(
1711 V	DZ.					
Committee Physical Street Address 1			Committee Mailing Address 1			
Committee Physical Street Address 2			Committee Mailing Address 2			
BAM			- Commission of the Commission			
Committee City, State, Zip Code			Committee Mailing Address City, State, Zip Code			
Phone Number 1 (xxx) xxx-	xxxx ext. xxxxx 1	Phone Number 2	(xxx) xxx-xxxx ext. xxxxx	Committee	e Email Address	
Committee Website Address		Social Media Account Address		Social Media Account Address		
		11E 4P 2				
		Social Media Acce	count address Social M		dia Account Address	

3. COMMITTEE	OFFICERS INFORM	ATION				
Chair's Name (First, Middle, Last) . Treasurer's Name (Fir						
· Thomas & ix Thomas			x Cue		***	
Street Address 1	(Z->) Street	et Address 1		Street Add	ress 1	
Street Address 2				Street Address 2		
Street Address 2 Street Address 2				Street Address 2		
City, State, Zip Code City, State, Zip Code				City, State, Zip Code		
Phone Number (xxx) xxx, xxxx ext xxxxx Phone Number (xxx) xxx			xxx-xxxx ext. xxxxx	t. xxxxx Phone Number (xxx) xxx-xxxx ext. xxxxx		
Phone Number (xxx) xxx xxx ext xxxxx Phone Number (xxx)			THE THE CALL PLOTE	Those Tailless (1227) 1221 1222 1222		
Email Address Email Address				Email Address		
Momas lue	0917A11	Com				
4. DEPOSITORY	INFORMATION					
Accounty	Account 2		Account 3		Account 4	
Street Address 1	Street Address 1	Street Address 1			Street Address 1	
Street Address 2	Street Address 2	Street Address 2			Street Address 2	
		2.10011441000 2				
City, State, Zip Code	City, State, Zip Co	City, State, Zip Code			City, State, Zip Code	
he candidate identified	on this form, acknowle	edge that the	information submitte	ed is compl	ete, true and accurate as o	
					f Oklahoma. I understand t	
	n above at any time by f)	
r	and this of i		111	10	110 1111	
		111:	11 MT 11 PM 12	Inci	11e 4/1/2	
			Signati	ure	Date	
Iunicipal use only.	-	11110	IIVIVA IA ZIVI	0		
201	10-08	VIIU	TATE OF OXLAH	3		

VS 7 1 10 X 1 10 Candidate Committee Statement of Organization version 2015.1