## STATE OF OKLAHOMA MUNCIPALITY OF (Name of Municipality)

## CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE INFORMATION			AMENDE	D:	
Name as it will appear on the ballot			arty Affilia on-Partis		
Complete name of Office Sought  Special or General Election Date  Non-Partisan  Special or General Election Date					
Candidate Residence Street Address 1  Candidate Mailing Address 1					
Candidate Residence Street Address	Candidate Mailing A	Candidate Mailing Address 2			
Candidate Residence City, State, Zip	Candidate Mailing C	Candidate Mailing City, State, Zip Code			
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx Phone Number 2 (xxx) xxx-xxxx ext. xxxxx Candidate Email Address					
2. COMMITTEE INFORMATION					
Candidate Committee Name:					
Committee Physical Street Address	Committee Mailing A	Committee Mailing Address 1			
Committee Physical Street Address	Committee Mailing A	Committee Mailing Address 2			
Committee City, State, Zip Gode  Committee Mailing Address City, State, Zip Code  Committee Mailing Address City, State, Zip Code					
Phone Number 1 (xxx) xxx-xxxx e	xx) xxx-xxxx ext. xxxxx	Committee Email Address			
Committee Website Address Social Media Account		nt Address	Social Media Account Address		
Social Media Account Address Social Media Account		nt address	Social Media Account Address		
3. COMMITTEE OFFICERS INFORMATION					
Chair's Name (First, Middle, Last)  Treasurer's Name (First, Middle, Last)  Deputy Treasurer's Name (First, Middle, Last)					ame (First, Middle, Last)
Street Address 1			Street Address 1		
Street Address 2 Street Address 2			Street Address 2		
City, State, Zip Code			City, State, Zip Code		
Phone Number (xxx) xxx-xxxx ex	xx-xxxx ext. xxxxx	Phone Number (xxx) xxx-xxxx ext. xxxxx			
Email Address  [MM15CUE SGM1 16(F)			Email Address		
4. DEPOSITORY INFORMATION					
Account 1	Account 2	Account 3		Account	t 4
Street Address 1	Street Address 1	Street Address 1		Street A	ddress 1
Street Address 2	Street Address 2	Street Address 2		Street A	ddress 2
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code		City, Sta	ate, Zip Code
I, the candidate identified on this form, acknowledge that the information submitted is complete, true and accurate as of the date submitted. I understand the failure to provide such information is a violation of the laws of Oklahoma. I understand that I can update the information above at any time by filing an amended statement of organization.					
For Municipal use only.  Date  Date					
Number assigned:  OFFICE OF THE CITY CLERK  Version 2015.1					