STATE OF OKLAHOMA MUNCIPALITY OF (Name of Municipality)

CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE INFORMATION				AMENDE		
Name as it will appear on the ballot (Last, First, Middle)					arty Affiliation on-Partisan	
Complete name of Office Sought	-1	2			General Election Date	
DIST Z	West C	144 / 10	1761/	opecial of C	Jones and Discondin Date	
Candidate Residence Street Addre		32 ULW	Candidate Mailing A	Address 1		
Candidate Residence Street Addre	OLINI	Candidate Mailing Address 2				
Candidate Residence City, State, 2	Cip Code	5	Candidate Mailing C	City, State, Zip	Code	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx Phone Number			x) xxx-xxxx ext. xxxxx	Candidate Email Address		
2. COMMITTEE INF	ORMATION					
Candidate Committee Name:						
(118 4 D	2					
Committee Physical Street Address 1			Committee Mailing Address 1			
SAM			Committee Mailing Address 2			
Committee City, State, Zip Code			Committee Mailing Address City, State, Zip Code			
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx Phone Number 2 (xxx) Phone Number 2 (xxxx) Phone Number 2 (xxxxx) Phone Number 2 (xxxxx) Phone Number 2 (xxxxxxx) Phone Number 2 (xxxxxx) Phone Number 2 (xxxxxxx) Phone Number 2 (xxxxxxx) Phone Number 2 (xxxxxxx) Phone Number 2 (xxxxxx) Phone Number 2 (xxxxxxx) Phone Number 2 (xxxxxxxx) Phone Number 2 (xxxxxxxx) Phone Number 2 (xxxxxxxxxx) Phone Number 2 (xxxxxxxxxx) Phone Number 2 (xxxxxxxxxx) Phone Number 2 (xxxxxxxxxxx) Phone Number 2 (xxxxxxxxxxxx) Phone Number 2 (xxxxxxxxxxxxx) Phone Number 2 (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			x) xxx-xxxx ext. xxxxx	Committee Email Address		
Committee Website Address		Social Media Account	Social Media Account Address		Social Media Account Address	
Social Media Account Address		Social Media Account address		Social Media Account Address		
3. COMMITTEE OFF	ICERS INFO	ORMATION				
Chair's Name (First, Middle, Last)	. 7	Treasurey's Name (First, N	Middle, Last)	Deputy Tre	asurer's Name (First, Middle, Last)	
· Thomas & in Thomas			x Cue		Street Address 1 Street Address 2	
Street Address 1	Street Address 1	tet Address 2				
Street Address 2	Street Address 2					
16/5,9, 10 4/01		City, State, Zip Code		City, State, Zip Code		
		Phone Number (xxx) xxx-xxxx ext. xxxxx		Phone Number (xxx) xxx-xxxx ext. xxxxx		
		Email Address			Email Address	
4. DEPOSITORY INFO		· (con				
A SAME AND THE PROPERTY OF THE						
Accounty	Account 2		Account 3		Account 4	
Street Address 1	Street Addre	ess 1	Street Address 1		Street Address 1	
Street Address 2	Street Addre	ess 2	Street Address 2		Street Address 2	
City, State, Zip Code	7 City, State, Zip Code		City, State, Zip Code		City, State, Zip Code	
	he failure to	provide such informati	ion is a violation of	the laws of cation.	ete, true and accurate as of of Oklahoma. I understand that	
Municipal use only.		OFFICE	A.M. 255 aru	M. LERK	Date	
ber assigned:		BY_	J WULL	-		

Candidate Committee Statement of Organization version 2015.1