STATE OF OKLAHOMA MUNCIPALITY OF Tids A

CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION AMENDED: 1. CANDIDATE INFORMATION Name as it will appear on the ballot (Lasty First, Middle) Party Affiliation Non-Partisan -Gnille Special or General Election Date Candidate Mailing Address 1 Candidate Mailing Address 2 Candidate Residence Street Address Candidate Residence City, State, Zip Code Candidate Mailing City, State, Zip Code Phone Number 2 (xxx) xxx-xxxx ext. xxxxx Candidate Email Address Committee Mailing Address 1 Committee Mailing Address 2 Committee Mailing Address City, State, Zip Code Committee City, State, Zip Phone Number 2 (xxx) xxx-xxxx ext. xxxxx Committee Email Address Social Media Account Address Social Media Account 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) Street Address 1 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-xxxx ext. xxxxx Account 3 Account 4 Street Address 1 Street Address 2 Street Address 2 City, State, Zip Code City, State. 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 saturation, JUL 1 1 2022 For Municipal use only.

Number assigned:

A.M. 12:41 P.M. QITY CLERK Committee Statement of Organization