# STATE OF OKLAHOMA

MUNCIPALITY OF Oklahoma City

(Name of Municipality)

FILED

# CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE INFORMATION		AMENDE			
Name as it will appear on the ballot (Last, First, Middle		Pa No	rty Affiliation		
Complete name of Office Sought	Special or General Election Date				
Candidate Residence Street Address J	Utu		February 1	4, 2017 AE	
Candidate Residence Street Address J		Candidate Mailing Address 1 OKLAHOHA CITY OKLA			
Candidate Residence Street Address 2		Candidate Mailing Address 2 CTTY CLERK			
Candidate Residence Çity, State, Zip Code		Candidate Mailing C	ity, State, Zip	Code	
DKL, OK 73103	In V I o ( )	11	La ri	A	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx	Phone Number 2 (xxx)	) xxx-xxxx ext. xxxxx	Candidate Email Address taylornigh bors @ 00 . edu		
2. COMMITTEE INFORMATION					
Candidate Committee Name:	Winhbors				
The Plople For Taylor Committee Physical Street Address 1	1-10.0	Committee Mailing A	Address 1		
III NE 11th St		11			
Committee Physical Street Address 2		Committee Mailing A	Address 2		
Committee City, State, Zip Code		Committee Mailing A	Address City,	State, Zip Code	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx	Phone Number 2 (xxx)	) xxx-xxxx ext xxxxx	Committee	Email Address	
Those Trainer I (Man) has been been saan	Thome I talked 2 (MAX)	, AAA AAAA		2. + Aunt for 6/20. com	
Committee Website Address	Social Media Account	Address	Social Med	lia Account Address	
Social Media Account Address	Social Media Account	nddraes	Social Med	lia Aggaunt Address	
Social Media Account Address	Social Media Account	address	dress Social Media Account Address		
3. COMMITTEE OFFICERS INFOR			***********		
Bobert heland Hertica 1	reasurer's Name (First, M	Idle, Last) Deputy Treasurer's Name (First, Middle, La		asurer's Name (First, Middle, Last)	
Street Address 1	treet Address 1 100 Way tau		Street Address 1		
Street Address 2	Street Address 2		Street Address 2		
City, State, Zip Code Norman 016 73072	City, State, Zip Code	City, State, Zip Code		Zip Code	
	hone Number (xxx) xxx	x-xxxx ext. xxxxx Phone Number (xxx) xxx-xxxx		ber (xxx) xxx-xxxx ext. xxxxx	
Email Address	mail Address	Allo C	Email Addr	ress	
Hart field Kabert@ovedu	pulli Bodan			#1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
4. DEPOSITORY INFORMATION Account 2	My owen 356	a) gmass. (On			
Mylor Vightors for Mayor of	OKC	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	
1517 NW EXAV				Savet radioss 2	
City, State, Zip Code  ON City, State, Zip	Code	City, State, Zip Code		City, State, Zip Code	
I, the candidate identified on this form, acknow	wledge that the int	formation submitted	l is compl	ete, true and accurate as of the	
date submitted. I understand the failure to pro	ovide such informati	on is a violation of	the laws o		
an update the information above at any time by filing an amended statement of organization.					
r Municipal use only.		Signatur	Juan	Date	
mber assigned:		~		25	

## COMMITTEE SCHEDULE A—MONETARY CONTRIBUTIONS

				Amended:
Full Legal Name of Candidate (if applicable)		ne of Committee	mas	
Type of Report Partial Quarter	Reporting Period		J	Number (if assigned)
Contributions of \$50 o	r Number	Reporting Period Total	A	ggregate
less	4	B 3200	\$ 3	3200

### **CONTRIBUTIONS EXCEEDING \$50**

CONTRIBUTIONS EXCEEDING \$50								
Date	Contributor Information [Name/Address/Occupation/Employer] [Name of Committee, Committee #]	Type of Contributor	Amount	Reporting Period Total	Aggregate Total			
1/25/16	Neighboo Holdings	LLL	\$1,000					
12/18	Fred Neighbors 251 W18th St	Individual	2,000					
1/31/18	Buz Poole	Individual	(100.00					
12/16	Ron Suffles	Individual	\$100.00					
	.=		de la					
	M V							

## COMMITTEE SCHEDULE E—GENERAL EXPENDITURES Amended: Full Legal Name of Candidate (if applicable) Full Name of Committee Type of Report: Pre-Election General Reporting Period

Expenditures of \$200 or less	Number	Reporting Period Total	Aggregate Total		
	H	\$ 2109.80	527 09.80		

GENERAL EXPENDITURES EXCEEDING \$200							
Date	Entity Receiving Expenditure [Name, Address] or [Committee Name, Committee #]	Category of Expenditure	Description of the Goods or Services Purchased	Amount	Reporting Period Total	Aggregate Total	
1/31	Super Cheap Soyns	ads	naid signs	18 k3. Fre	18112/10/ 1812. S.		
1/8	DH Prinkling Service		walk cards	156.24	13424 2019.80		
2/5	OUL Friday		Ohl Friday Ad	M90 420	414/10 LU 59.80		
2/6	Non Doc	7	NonDou Ad	250	NATA O	2700 80	
			2				
					<b>3</b>		
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