## STATE OF OKLAHOMA MUNCIPALITY OF The City of Oklahoma C (Name of Municipality)

FILED

## CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE INFORMATION				AMEND	ED:	
Name as it will appear on the ballot (Last, First, Middle)					arty Affiliation PM 2: 20	
Complete name of Office Sought Ward 7 Councilmember				Special or	General Election Date	
Candidate Residence Street Address 1			Condidate Mailing	August 28	B, 2018!TY OF	
1332 N. F. 64			Candidate Maining /	Candidate Mailing Address 2 CLTY CLERK		
Candidate Residence Street Address 2			Candidate Mailing Address 2			
Candidate Residence City, State, Zi		Candidate Mailing (	Candidate Mailing City, State, Zip Code			
			x) xxx-xxxx ext. xxxxx   Candidate Email Address			
I none rumoer 2 (xx.			(x) xxx-xxxx ext. xxxxx	xxx-xxxx ext. xxxxx Candidate Email Address		
2. COMMITTEE INFO	DRMATION					
Candidate Committee Name:						
PRTTIS 4 WAT	27					
Committee Physical Street Address 1			Committee Mailing	Committee Mailing Address 1		
Committee Physical Street Address 2			Same			
Committee Physical Street Address 2			Committee Mailing	Committee Mailing Address 2		
Committee City, State, Zip Code		Committee Mailing	Committee Mailing Address City, State, Zip Code			
Oklahana with 6		Committee Waiting	Committee Walling Address City, State, Zip Code			
Phone Number 1 (xxx) xxx-xxxx	ext. xxxxx	Phone Number 2 (xx	x) xxx-xxxx ext. xxxxx	Committe	e Email Address	
1-405-641-7566				1/27 113	YWARDTOCOXINET.N	
Committee Website Address  Social Media Account  Social Media Account Address				Social Me	dia Account Address	
Social Media Account Address Social Media Account addres			•	1		
Social Wedia Account at			t audiess	Social Media Account Address		
3. COMMITTEE OFFI	CERS INFOR	MATION				
Chair's Name (First, Middle, Last)  Treasurer's Name (First, Middle, Last)  Treasurer's Name (First, Middle, Last)				Deputy Treasurer's Name (First, Middle, Last)		
Street Address 1 Street Address 1				Street Address 1		
1332 NE, 54 1332 NE, 54						
Street Address 2 Street Address 2				Street Address 2		
City, State, Zip Code City, State, Zip Code			93.111	City, State, Zip Code		
		hone Number (xxx) xx				
405-641-7566 405-641-7		5 6 6	Phone Nun	nber (xxx) xxx-xxxx ext. xxxxx		
Email Address ET 1.5 4 WAY TOWKENET WAY				Email Address		
4. DEPOSITORY INFO	RMATION		3-			
Account 1	Account 2		Account 3		Account 4	
Street Address 1	Street Address	1	Street Address 1			
IIII N. Time alm			Succi Address 1		Street Address 1	
Street Address 2	Street Address 2		treet Address 2		Street Address 2	
City, State, Zip Code	City State 7'- C. I					
OKC OK	City, State, Zip Code		City, State, Zip Code		City, State, Zip Code	
I, the candidate identified on the	is form, acknow	wledge that the in	formation submitted	is compl	ete, true and accurate as of the	
date submitted. I understand th	ie failure to pro	ovide such informat	ion is a violation of	the laws o	f Oklahoma. I understand that I	
can update the information above	e at any time by	y ming an amended	statement of organiz	action.		
			and	V	7-18-18	
Municipal use only.			Signature	e	Date	
•						
mber assigned:						