

STATE OF OKLAHOMA
MUNICIPALITY OF Oklahoma City
(Name of Municipality)

CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE INFORMATION

AMENDED:

Name as it will appear on the ballot (Last, First, Middle) David Glover		Party Affiliation Non-Partisan
Complete name of Office Sought Ward 2, Oklahoma City Council		Special or General Election Date February 12, 2019
Candidate Residence Street Address 1 5437 N. Military Ave.	Candidate Mailing Address 1 5437 N. Military Ave.	
Candidate Residence Street Address 2	Candidate Mailing Address 2	
Candidate Residence City, State, Zip Code Oklahoma City, OK, 73118	Candidate Mailing City, State, Zip Code Oklahoma City, OK, 73118	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx 405-830-6420	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Candidate Email Address davidhglover@gmail.com

2. COMMITTEE INFORMATION

Candidate Committee Name: Friends of David Glover		
Committee Physical Street Address 1 5437 N. Military Ave.		Committee Mailing Address 1 5437 N. Military Ave.
Committee Physical Street Address 2		Committee Mailing Address 2
Committee City, State, Zip Code Oklahoma City, OK, 73118		Committee Mailing Address City, State, Zip Code Oklahoma City, OK, 73118
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx 405-830-6420	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Committee Email Address davidhglover@gmail.com
Committee Website Address (TBA in September)	Social Media Account Address (TBA in September)	Social Media Account Address
Social Media Account Address	Social Media Account address	Social Media Account Address

3. COMMITTEE OFFICERS INFORMATION

Chair's Name (First, Middle, Last) David Harding Glover	Treasurer's Name (First, Middle, Last) David Harding Glover	Deputy Treasurer's Name (First, Middle, Last)
Street Address 1 5437 N. Military Ave.	Street Address 1	Street Address 1
Street Address 2	Street Address 2	Street Address 2
City, State, Zip Code Oklahoma City, OK, 73118	City, State, Zip Code Oklahoma City, OK, 73118	City, State, Zip Code
Phone Number (xxx) xxx-xxxx ext. xxxxx 405-830-6420	Phone Number (xxx) xxx-xxxx ext. xxxxx 405-830-6420	Phone Number (xxx) xxx-xxxx ext. xxxxx
Email Address davidhglover@gmail.com	Email Address davidhglover@gmail.com	Email Address

4. DEPOSITORY INFORMATION

Account 1	Account 2	Account 3	Account 4
Bank of America			
Street Address 1 4114 N Classen Blvd	Street Address 1	Street Address 1	Street Address 1
Street Address 2	Street Address 2	Street Address 2	Street Address 2
City, State, Zip Code Oklahoma City, OK 73118	City, State, Zip Code	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 statement of organization.


Signature

08/24/2018
Date

For Municipal use only.

Number assigned: _____