

STATE OF OKLAHOMA
MUNICIPALITY OF _____
(Name of Municipality)

CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

2018 JUL 6 PM 4:04
AMENDED:

1. CANDIDATE INFORMATION

Name as it will appear on the ballot (Last, First, Middle) JoBeth Hamon		Party Affiliation Democrat
Complete name of Office Sought Oklahoma City Council Ward 6		Special General Election Date February 12th 2019
Candidate Residence Street Address 1 PO Box 2871	Candidate Mailing Address 1 PO Box 2871	
Candidate Residence Street Address 2	Candidate Mailing Address 2	
Candidate Residence City, State, Zip Code Oklahoma City, OK 73101	Candidate Mailing City, State, Zip Code Oklahoma City, OK 73101	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Candidate Email Address

2. COMMITTEE INFORMATION

Candidate Committee Name: Friends of JoBeth Hamon		
Committee Physical Street Address 1 333 NW 5th Apt 1706	Committee Mailing Address 1 PO Box 2871	
Committee Physical Street Address 2	Committee Mailing Address 2	
Committee City, State, Zip Code Oklahoma City, OK 73102	Committee Mailing Address City, State, Zip Code Oklahoma City, OK 73101	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx 541-977-2113	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Committee Email Address jobeth@jobethhamon.com
Committee Website Address jobethhamon.com	Social Media Account Address	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) JoBeth Hamon	Treasurer's Name (First, Middle, Last) Kaylee Rains-Saucedo	Deputy Treasurer's Name (First, Middle, Last)
Street Address 1 333 NW 5th Apt 1706	Street Address 1 921 NW 21st St	Street Address 1
Street Address 2	Street Address 2	Street Address 2
City, State, Zip Code Oklahoma City, OK 73102	City, State, Zip Code Oklahoma City, OK 73106	City, State, Zip Code
Phone Number (xxx) xxx-xxxx ext. xxxxx	Phone Number (xxx) xxx-xxxx ext. xxxxx 918-829-1170	Phone Number (xxx) xxx-xxxx ext. xxxxx
Email Address	Email Address kaylee@skyfiremedia.net	Email Address

4. DEPOSITORY INFORMATION

Account 1	Account 2	Account 3	Account 4
BancFirst			
Street Address 1 101 N Broadway	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 73102	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.

JoBeth Hamon 7/12/18
 Signature Date

For Municipal use only.

Number assigned: _____