

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) Stonecipher, Mark		Party Affiliation Non-Partisan
Complete name of Office Sought City of Oklahoma City, City Council Ward 8		Special or General Election Date February 12, 2019
Candidate Residence Street Address 1 15001 Dourdan Court	Candidate Mailing Address 1 15001 Dourdan Court	
Candidate Residence Street Address 2	Candidate Mailing Address 2	
Candidate Residence City, State, Zip Code Oklahoma City, OK 73142	Candidate Mailing City, State, Zip Code Oklahoma City, OK 73142	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx 405-232-0621	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Candidate Email Address Checkmarkstonecipher@gmail.com

2. COMMITTEE INFORMATION

Candidate Committee Name: Mark Stonecipher for City Council 2019		
Committee Physical Street Address 1 15001 Dourdan Court	Committee Mailing Address 1 15001 Dourdan Court	
Committee Physical Street Address 2	Committee Mailing Address 2	
Committee City, State, Zip Code Oklahoma City, OK 73142	Committee Mailing Address City, State, Zip Code Oklahoma City, OK 73142	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx 405-232-0621	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Committee Email Address Checkmarkstonecipher@gmail.com
Committee Website Address	Social Media Account Address	Social Media Account Address
Social Media Account Address	Social Media Account address	Social Media Account Address

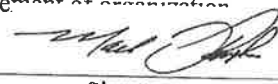
3. COMMITTEE OFFICERS INFORMATION

Chair's Name (First, Middle, Last) Mark Stonecipher	Treasurer's Name (First, Middle, Last) William H. Whitehill	Deputy Treasurer's Name (First, Middle, Last)
Street Address 1 15001 Dourdan Court	Street Address 1 100 N Broadway, Suite 1700	Street Address 1
Street Address 2	Street Address 2	Street Address 2
City, State, Zip Code Oklahoma City, Ok 73142	City, State, Zip Code Oklahoma City, Ok 73102	City, State, Zip Code
Phone Number (xxx) xxx-xxxx ext. xxxxx 405-232-0621	Phone Number (xxx) xxx-xxxx ext. xxxxx 405-232-0621	Phone Number (xxx) xxx-xxxx ext. xxxxx
Email Address checkmarkstonecipher@gmail.com	Email Address	Email Address

4. DEPOSITORY INFORMATION

Account 1 BancFirst	Account 2	Account 3	Account 4
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.



Signature

11/06/2018

Date

For Municipal use only.

Number assigned: _____