## STATE OF OKLAHOMA MUNCIPALITY OF OKlahoma City FILE

## CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE INFORMATION			AMENDEI		
Name as it will appear on the ballot (Last, First, Middle)		701 Partisan PM 4: 10			
Candidate Residence Street Address 1 3244 NW 244 34		Candidate Mailing Ad	idres PEAT	neral Election Date  CAPACOF  OFFICE OFFICE  OFFICE OFFICE  OFFICE OFFICE  OFFICE OFFICE  OFFICE OFFICE  OFFICE OFFICE  OFFICE	
Candidate Residence Street Address 2		Candidate Mailing Address 2			
Candidate Residence City State, Zip Code  OCOMONO  Phone Number 1 (xxx) xxx-xxxx ext. xxxxx  2. COMMITTEE INFORMATION	Phone Number 2 (xxx	Candidate Mailing Ci	Candidate E	ey blonds (Ich	
Candidate Committee Name	errell for	N/a Con	ncal		
Committee Physical Street Address 1		Committee Mailing Address 1			
Committee Physical Street Address 2		Committee Mailing A	Committee Mailing Address 2		
Committee City, State, Zip Code		Committee Mailing Address City, State, Zip Code			
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx Phone Number 2 (xxx) xxx-		x) xxx-xxxx ext. xxxxx	Committee	Email Address	
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 INFO	RMATION	a contract of the contract of	J		
Chair's Name (First, Middle, Last)    Treasurer's Name (First, Middle, Last)   Treasurer's Name (First, Middle, Last)		Middle, Last)	Deputy Treasurer's Name (First, Middle, Last)  Street Address 1		
3744 NW 74th 9 Street Address 2	Street Address 2		Street Addre	ess 2	
City, State, Zip Code	City, State, Zip Code	e, Zip Code		City, State, Zip Code	
Phone Number (xxx) xxx-xxxx ext. xxxxx  Phone Number (xxx)		Phone Number (xxx) xxx-xxxx ext. xxxxx			
Email Address  Fracey boons @TCloud Com			Email Addro	ess	
4. DEPOSITORY INFORMATION  Account 1 Account 2		Account 3		Account 4	
Street Address 1 Street Address	ess 1	Street Address 1		Street Address 1	
499 W. Shendan Avel Street Address 2 Street Address 2		Street Address 2		Street Address 2	
City, State, Zip Code City, State, Zip Code		City, State, Zip Code		City, State, Zip Code	
, the candidate identified on this form, ackrete at a submitted. I understand the failure to an update the information above at any time	provide such informat	tion is a violation of	the laws of		
Municipal use only.		Signatur	re ()	Date	

Number assigned: \_\_\_\_\_