

STATE OF OKLAHOMA
MUNICIPALITY OF OKLAHOMA CITY
(Name of Municipality)

CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

2020 OCT 14 AM 9:26
 OKLAHOMA CITY CLERK

1. CANDIDATE INFORMATION

AMENDED:

Name as it will appear on the ballot (Last, First, Middle) VARNELL, SHAY		Party Affiliation Non-Partisan
Complete name of Office Sought CITY COUNCIL WARD I		Special or General Election Date 2/9/2021
Candidate Residence Street Address 1 10613 WHITECHAPEL ST	Candidate Mailing Address 1	
Candidate Residence Street Address 2	Candidate Mailing Address 2	
Candidate Residence City, State, Zip Code OKLAHOMA CITY, OK 73162	Candidate Mailing City, State, Zip Code	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx 1 (405) 401-4423	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Candidate Email Address ShayVarnell@cox.net

2. COMMITTEE INFORMATION

Candidate Committee Name: SHAY VARNELL FOR OKC CITY COUNCIL 2021		
Committee Physical Street Address 1 10613 WHITECHAPEL ST		Committee Mailing Address 1
Committee Physical Street Address 2		Committee Mailing Address 2
Committee City, State, Zip Code OKLAHOMA CITY, OK 73162		Committee Mailing Address City, State, Zip Code
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx 1 (405) 401-4423	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Committee Email Address
Committee Website Address ShayForOKC.com	Social Media Account Address ShayForOKC	Social Media Account Address
Social Media Account Address	Social Media Account address	Social Media Account Address

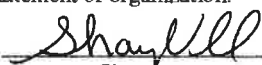
3. COMMITTEE OFFICERS INFORMATION

Chair's Name (First, Middle, Last) SHAY VARNELL	Treasurer's Name (First, Middle, Last)	Deputy Treasurer's Name (First, Middle, Last)
Street Address 1 10613 WHITECHAPEL ST	Street Address 1	Street Address 1
Street Address 2	Street Address 2	Street Address 2
City, State, Zip Code OKLAHOMA CITY, OK 73162	City, State, Zip Code	City, State, Zip Code
Phone Number (xxx) xxx-xxxx ext. xxxxx 1 (405) 401-4423	Phone Number (xxx) xxx-xxxx ext. xxxxx	Phone Number (xxx) xxx-xxxx ext. xxxxx
Email Address ShayVarnell@cox.net	Email Address	Email Address

4. DEPOSITORY INFORMATION

Account 1	Account 2	Account 3	Account 4
BancFirst			
Street Address 1 PO Box 26788	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 73126	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

10/12/20

 Date

For Municipal use only:

Number assigned: _____