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STATE OF OKLAHOMA
MUNICIPALITY OF City 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) JoBeth Hamon		Party Affiliation Non-Partisan
Complete name of Office Sought Oklahoma City Council Ward 6		Special or General Election Date February 2023
Candidate Residence Street Address 1 333 NW 5th Street Apt 1706	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 73102	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 1 713 NW 17th Street	Committee Mailing Address 1 PO Box 2871	
Committee Physical Street Address 2	Committee Mailing Address 2	
Committee City, State, Zip Code Oklahoma City, OK 73103	Committee Mailing Address City, State, Zip Code Oklahoma City, OK 73101	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx 405-416-5068	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Committee Email Address info@jobethhamon.com
Committee Website Address www.jobethhamon.com	Social Media Account Address	Social Media Account Address
Social Media Account Address	Social Media Account address	Social Media Account Address

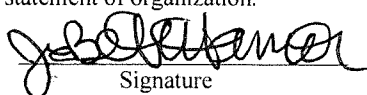
3. COMMITTEE OFFICERS INFORMATION

Chair's Name (First, Middle, Last) JoBeth Hamon	Treasurer's Name (First, Middle, Last) Sean Borelli	Deputy Treasurer's Name (First, Middle, Last)
Street Address 1 333 NW 5th Street Apt 1706	Street Address 1 713 NW 17th Street	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 73103	City, State, Zip Code
Phone Number (xxx) xxx-xxxx ext. xxxxx	Phone Number (xxx) xxx-xxxx ext. xxxxx 405-538-7588	Phone Number (xxx) xxx-xxxx ext. xxxxx
Email Address	Email Address sean@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.

 **Signature** 4/29/2022 **Date**

For Municipal use only.

Number assigned: _____