CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

	12	WINITIEE SIA	I ENTER (TOTO)	COTA VIZ		
1. CANDIDATE INFOR	MATION			AMENDE	D:	
Name as it will appear on the ballot (I	iddle)			rty Affiliation		
Darbara Peck				Non-Partisan		
Complete name of Office Sought	whom	u City C	its Council		eneral Election Date	
Candidate Residence Street Address 1	1	Candidate Mailing	Candidate Mailing Address 1			
Candidate Residence Street Address 2			Candidate Mailing	Candidate Mailing Address 2		
Candidate Residence Street Address 2			Candidate Ivianing I	iddi eda 2		
Candidate Residence City/State, Zip/ Musture OKC Phone Number 1 (xxx) xxx-xxxx ex	73064	Candidate Mailing City, State, Zip Code				
405 777 349	16		(xx) xxx-xxxx ext. xxxxx		Email Address our varanteck @ (1) Wee	
2. COMMITTEE INFOR	RIMATION	Y			J	
Candidate Committee Name: Ke Elect Scurb Committee Physical Street Address,	amp	eck Ward 3	Committee Mailing	Address I		
11001 SW 39th Court			Same			
Committee Physical Street Address 2			nmittee Mailing Address 2			
Committee City Ctate 27 O. L.		Committee Mailing Address City, State, Zip Code				
Committee City, State, Zip Code	73064	Commutee maning Address City, State, Zip Code				
Mustry (OICL) Phone Number 1 (CXXX) xxx-xxxx ex 405-777-34	t. xxxxx	Phone Number 2 (x	(xx) xxx-xxxx . ext. xxxxx	Committee	Email Address	
405-777-34	96			vote Barbara Pecl Cogman		
Committee Website Address		Social Media Accou	Social Media Account Address		Social Media Account Address	
Social Media Account Address	0	Social Media Accou	Media Account address Social Me		lia Account Address	
3. COMMITTEE OFFIC	ERS INF	ORMATION				
Chair's Name (First, Middle, Last)	Treasurer's Name (First	(First, Middle, Last) Deputy		asurer's Name (First, Middle, Last)		
Barban Peck		< same				
Street Address I		Street Address 1		Street Address 1		
Street Address 2		Street Address 2		Street Address 2		
Street Address 2		Street Address 2		Succe Address 2		
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code		
				Plane New Jones ()		
Phone Number (xxx) xxx-xxxx ext. xxxxx		Phone Number (xxx) xxx-xxxx ext. xxxxx		Phone Number (xxx) xxx-xxxx ext. xxxxx		
Email Address		Email Address		Email Address		
4. DEPOSITORY INFO	OM ATION	N .				
Account h . O . L. Jud	Account 2		Account 3		Account 4	
Re Elect Butome Perlicular	Account 2		Accounts		Account 4	
Street Address 1 SOI NW Grand Blud	Street Address 1		Street Address 1		Street Address 1	
Street Address 2 Midfirst Pluza	Street Address 2		Street Address 2		Street Address 2	
City, State, Zip Code 73118 Oklahan City, OK	City, State	, Zip Code	City, State, Zip Code		City, State, Zip Code	
the candidate identified on this ate submitted. I understand the unpdate the information above	e failure to	provide such inform	nation is a violation o	f the laws o		
			Bulut	bell	1/3/2024	
Municipal use only.			Signat	шс	Date	
-						

Number assigned: