

STATE OF OKLAHOMA , COUNTY OF _____
(Name of County)
CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE INFORMATION

AMENDED:

Name as it will appear on the ballot (Last, First, Middle)		Party Affiliation
Complete name of Office Sought		Special or General Election Date
Candidate Residence Street Address 1	Candidate Mailing Address 1	
Candidate Residence Street Address 2	Candidate Mailing Address 2	
Candidate Residence City, State, Zip Code	Candidate Mailing City, State, Zip Code	
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 (includes candidate name and year of election)		
Committee Physical Street Address 1	Committee Mailing Address 1	
Committee Physical Street Address 2	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-xxxx ext. xxxxx	Committee Email Address
Committee Website Address (if applicable)	Social Media Account Address (if applicable)	Social Media Account Address (if applicable)

3. COMMITTEE OFFICERS INFORMATION (Chair & Treasurer required, Candidate can be both)

Chair's Name (First, Middle, Last)	Treasurer's Name (First, Middle, Last)	Deputy Treasurer's Name (First, Middle, Last)
Street Address 1	Street Address 1	Street Address 1
Street Address 2	Street Address 2	Street Address 2
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
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 INFORMATION

Bank Name - Account 1	Bank Name - Account 2 (if applicable)	Bank Name - Account 3 (if applicable)	Bank Name - Account 4 (if applicable)
Street Address 1	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	City, State, Zip Code	City, State, Zip Code	City, State, Zip Code

I 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 laws of Oklahoma. I understand that I can update the information above at any time by filing an amended statement of organization.

Signature Date