STATE OF OKLAHOMA COUNTY OF _____
(Name of County)

POLITICAL COMMITTEE STATEMENT OF ORGANIZATION

1. COMMITTEE INFORMATION

AMENDED: ☐

Full Name of Committee (No Acronyms)	Acronym	Registration Year
Purpose of Committee		
Physical Street Address 1	Mailing Address 1	
Physical Street Address 2	Mailing Address 2	
Physical Street Address City, State, Zip Code	Mailing City, State, Zip Code	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Email address
Website Address	Social Media Account	Social Media Account

2. AFFILIATED CORPORATION OR LABOR UNION INFORMATION

Affiliated Corporation or Labor Union Name:		
Physical Street Address 1	Mailing Address 1	
Physical Street Address 2	Mailing Address 2	
City, State, Zip Code	Mailing Address City, State, Zip Code	
Main Phone Number (xxx) xxx-xxxx ext. xxxx	Internet website	Email address

3. COMMITTEE OFFICERS INFORMATION

Chair Name (First, Middle, Last)	**Treasurer Name (First, Middle, Last)**	**Deputy Treasurer 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

Account 1	**Account 2**	**Account 3**	**Account 4**
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