

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:		
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	Social Media Account Address	Social Media Account Address

3. COMMITTEE OFFICERS INFORMATION

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

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

Signed and sworn to before me on _____ by Officer signing this form.

(Date)

State of Oklahoma)

) ss

County of)

Notary signature

My Commission expires: _____

Notary Seal

My commission #: _____

For County use only.

Number assigned by the
County: _____

Fee Paid: _____

**\$50.00 Fee payable to County Election
Board is Required.**