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CITY OF TULSA, OKLAHOMA
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STATE OF OKLAHOMA
MUNICIPALITY OF Tulsa
(Name of Municipality)

CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE INFORMATION AMENDED:

Name as it will appear on the ballot (Last, First, Middle) Bellis, Laura		Party Affiliation Non-Partisan
Complete name of Office Sought District 4 City Councilor		Special or General Election Date
Candidate Residence Street Address 1 224 N. Rosedale Ave	Candidate Mailing Address 1 PO Box 52819	
Candidate Residence Street Address 2	Candidate Mailing Address 2	
Candidate Residence City, State, Zip Code Tulsa, OK 74127	Candidate Mailing City, State, Zip Code Tulsa, OK 74152	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx 610-620-3511	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Candidate Email Address

2. COMMITTEE INFORMATION

Candidate Committee Name: Friends of Laura Bellis 2024		
Committee Physical Street Address 1 224 N. Rosedale Ave		Committee Mailing Address 1 PO Box 52819
Committee Physical Street Address 2		Committee Mailing Address 2
Committee City, State, Zip Code Tulsa OK 74127		Committee Mailing Address City, State, Zip Code Tulsa, OK 74152
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
Social Media Account Address	Social Media Account address	Social Media Account Address

3. COMMITTEE OFFICERS INFORMATION

Chair's Name (First, Middle, Last) Laura Bellis	Treasurer's Name (First, Middle, Last) Laura Bellis	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 610 620 3511	Phone Number (xxx) xxx-xxxx ext. xxxxx	Phone Number (xxx) xxx-xxxx ext. xxxxx
Email Address laurafer@tulsa@gmail.com	Email Address	Email Address

4. DEPOSITORY INFORMATION

Account 1 First Oklahoma	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, 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 4/5/24
 Date

For Municipal use only.

Number assigned: 2024-12