STATE OF OKLAHOMA MUNCIPALITY OF _____

OFFICE OF THE CITY CLERK CITY OF TULSA, OKLAHOMA

Name of Municipality)

CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE INFORM		AMENDED:			
Name as it will appear on the ballot (Las Complete name of Office Sought		Non-P	al Election Date		
CITY CAUNCALDISTS CITY OF TULSA			AUGU	97 27, 2024	
Candidate Residence Street Address 1	Candidate Mailing	Candidate Mailing Address 1			
Candidate Residence Street Address 2	Candidate Mailing	Candidate Mailing Address 2			
Candidate Residence City, State, Zip Co	Candidate Mailing	Candidate Mailing City, State, Zip Code			
Phone Number 1 (xxx) xxx-xxxx ext.	er 2 (xxx) xxx-xxxx ext. xxxxx	xxx-xxxx ext. xxxxx Candidate Email Address OCKIEFORGUSTRESS A MAIL O			
2. COMMITTEE INFORMATION					
Candidate Committee Name: ACLAUS FOIZ TULSA					
Committee Physical Street Address 1	Committee Mailing	Committee Mailing Address 1			
Committee Physical Street Address 2		Committee Mailing	Committee Mailing Address 2		
Committee City State Tip Code		Committee Mailine	Committee Mailing Address City, State, Zip Code		
Committee City, State, Zip Code					
Phone Number 1 (xxx) xxx-xxxx ext.	XXXXX Phone Number	er 2 (xxx) xxx-xxxx ext. xxxxx	Committee Ema	ail Address	
Committee Website Address		Account Address	Social Media A		
Social Media Account Address		Account address	Social Media A	ccount Address	
Boeini Medin Aleconii Andress					
3. COMMITTEE OFFICERS INFORMATION					
KATRINIA KIAR KATI		(First, Middle, Last)	NAT WI	er's Name (First, Middle, Last) ACHOWSKL-ESTBS	
Street Address 1		treet Address 1 Street 2605 WOST 5074 St. 12		87TH EAST AVE	
Street Address 2	Street Address 2			Street Address 2	
City, State, Zip Code City, State, Zip		ode 7/107	City, State, Zip		
Phone Number (xxx) xxx-xxxx ext. x				(xxx) xxx-xxxx ext. xxxxx	
Phone Number (AAA) AAA-AAAA CAL AAAAA Thone Number (AAA) AAA-AAAA CAL AAAAA Thone Number (AAA) AAA-AAAA				(ADD) ADD ADD CAR ADDRESS	
Email Address Email Address Email Address Email Address Nationatopatulsa, COM					
4. DEPOSITORY INFOR	MATION	4.0.			
Account 1 004631.6457	Account 2	Account 3	Ac	ecount 4	
Street Address 1 Street Address 1 Street Address 1		Street Address 1	Str	reet Address 1	
Street Address 2	Street Address 2	Street Address 2	Str	reet Address 2	
City, State, Zip Code TUSA 6K7412 City, State, Zip Code		City, State, Zip Code	Ci	ty, 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.					
071 PM 100 1/15/74					
For Municipal use only.		Signat	ure	Date	
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Number assigned: