## STATE OF OKLAHOMA

MUNICIPALITY OF (SA (Name of Municipality)

For Name of Counting (No Account)  For Name of Counting (No Account)  Type of Political Address (Counting and Purson of Counting (No Account)  Type of Political Address (Counting and Purson of Counting (No Account)  Type of Political Address (Counting and Purson of Counting (No Account)  Type of Political Address (Counting and Purson of Counting (No Account)  Type of Political Address (Counting and Purson of Counting (No Account)  Type of Political Address (Counting and Purson of Counting (Pirst, Middle, Last)  Type of Political Address (Counting and Purson of Counting (Pirst, Middle, Last)  Type of Political Address (Counting and Purson Name)  Type of Political Address (Counting and Pur	POLITICAL COMMITTEE STATEMENT OF ORGANIZATION									
Physical Street Address 2  Phone Number 2 (xxxx) xpp Code  (	1. COMMITTEE INFORMATION					AMENDED:				
Physical Street Address 2  Physical Street Address 3  Social Media Account 3  Account 1  Account 1  Account 2  Account 3  Account 3  Account 4  Street Address 1  Street Address 2  Street Address 3  Street Address 3  Street Address 4  Street Address 5  Street Address 5  Street Address 6  Account 3  Account 4  Street Address 1  Street Address 2  Street Address 1  Street Address 2  Street Address 1  Street Address 1  Street Address 2  Street Address 2  Street Address 1  Street Address 2  Street Address 3  Street Address 2  Street A	Full Name of Committee (No Acronyms)	010	י וניים נד	Acronym		Registratio	n Year			
Physical Street Address 2  Phone Number 2 (xxxx) xpp Code  (	Time of Political Action Committee and Discounting									
Physical Street Address City, State, Zip Code    Col Scient Color   Co	Type of Political/Action Committee and I	rurpose of Cor	nmittee	·						
Physical Street Address City, State, Zip Code    Col Scient Color   Co	Cidy Council District (									
Physical Street Address City, State, Zip Code    Col S	Physical Street Address 1			Mailing A	ddress 1					
Physical Street Address City, State, Zip Code    Col S	6377 5. 86	th E.	AST AUE.		٠	Ame	AS T	h 45.6	CAL	
Physical Street Address City, State, Zip Code    Col S	Physical Street Address 2			Mailing A	ddress 2				·	
Phone Number 1 (2003) 2005-20000 ext. 300000 Pitone Number 2 (2003) 2005-20000 ext. 300000 Pitone Number 2 (2003) 2005-20000 ext. 300000 Pitone Number 2 (2003) 2005-20000 ext. 300000 ext. 30000000 ext. 300000 ext. 3000000 ext. 300000 ext. 3000000 ext. 300000 ext. 300000 ext. 300000 ext. 300000 ext. 300000000 ext. 300000 ext. 300000 ext. 300000 ext. 300000 ext. 3000000000 ext. 3000000 ext. 3000000 ext. 3000000 ext. 3000000 ext. 30000000 ext. 3000000000 ext. 300000000 ext. 3000000000000000000000000000000000000										
Website Address   Social Media Account   Soci			(	Mailing C	ity, State, Zi	o Code				
Website Address   Social Media Account   Soci	iulsa	<u> </u>	14153		<u> </u>		#1502 #1502	·~)	<b>(</b> 2)	
Social Media Account	Phone Number 1 (xxx) xxx-xxxx ext x	XXXX	Phone Number 2 (	(xxx) xxx-xxxx e	xt. xxxxx	Email address	~~		≧റ	
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  Mailing Address 2  Mailing Address City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Mailing Address City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Mailing Address City, State, Zip Code  Cit						G. 3-1 M - 1:-	Annual particular	(3)** ******		
Affiliated Corporation or Labor Union Name:  Physical Street Address 1  Physical Street Address 2  City, State, Zip Code  Mailing Address City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Mailing Address City, State, Zip Code	Website Address		Social Media Accoun	ι		Social Media	Account		≘	
Affiliated Corporation or Labor Union Name:  Physical Street Address 1  Physical Street Address 2  City, State, Zip Code  Mailing Address City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Mailing Address City, State, Zip Code			I OD I I DOD INV				<del></del>			
Physical Street Address 1  Physical Street Address 2  Mailing Address 5  Mailing Address 5  Mailing Address City, State, Zip Code  Main Phone Number (xxx) xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	2. APPENATED CORTOR OR DADOR UNION INTORMATION									
Physical Street Address 2  Mailing Address 3  Mailing Address 2  Mailing Address 2  Mailing Address 3  Mailing Address 2  Maili	Thinated corporation of Labor Official Na	unito.					111 ·		>-	
Physical Street Address 2  Mailing Address City, State, Zip Code  Main Phone Number (xxxx) xxxx-xxxx ext. xxxxx  Mailing Address City, State, Zip Code  Main Phone Number (xxxx) xxxx-xxxx ext. xxxxx  Internet website  Email address  3. COMMITTEE OFFICERS INFORMATION  Chair Name (First, Middle, Last)  Phone Number (First, Middle, Last)  Street Address 1  Street Address 1  Street Address 1  Street Address 2  Street Address 3  Phone Number (xxxx) xxxx-xxxx ext. xxxxxx  Street Address 1  Street Address 1  Street Address 1  Street Address 1  Street Address 2  Street Address 3  Street Address 4  Street Address 2  Street Address 4  Street Address 2  Street Address 4  Street Address 5  Street Address 5  Street Address 6  Street Address 1  Street Address 6  Street Address 1  Street Address 1  Street Address 1  Street Address 2  Street Address 2  Street Address 1  Street Address 1  Street Address 2  Street Address 1  Street Address 2  Street Address 1  Street Addr	Physical Street Address 1			Mailing Address	s 1				22	
Mailing Address 2   Mailing Address City, State, Zip Code	Ť								257705s	
Street Address   Street Address   Street Address	Physical Street Address 2			5,5,3						
Street Address   Street Address   Street Address										
3. COMMITTEE OFFICERS INFORMATION  Chair Name (First, Middle, Last)  Teasurer Name (First, Middle, Last)  Teasurer Name (First, Middle, Last)  NA  Street Address 1  Street Address 1  Street Address 2  Street Address 2  Street Address 2  City, State, Zip Code  Lace Address 2  City, State, Zip Code  City, State, Zip Code  Account 1  Account 2  Account 3  Street Address 1  Street Address 2  Street Address 1  Street Address 2  Street Address 2  Street Address 2  Street Address 2  City, State, Zip Code	City, State, Zip Code			Mailing Address City, State, Zip Code						
3. COMMITTEE OFFICERS INFORMATION  Chair Name (First, Middle, Last)  Teasurer Name (First, Middle, Last)  Teasurer Name (First, Middle, Last)  NA  Street Address 1  Street Address 1  Street Address 2  Street Address 2  Street Address 2  City, State, Zip Code  Lace Address 2  City, State, Zip Code  City, State, Zip Code  Account 1  Account 2  Account 3  Street Address 1  Street Address 2  Street Address 1  Street Address 2  Street Address 2  Street Address 2  Street Address 2  City, State, Zip Code										
Treasurer Name (First, Middle, Last)   Treasurer Name (First, Middle, Last)   N/A	Main Phone Number (xxx) xxx-xxxx ext.	XXXX	Internet website		Email add	ress				
Treasurer Name (First, Middle, Last)   Treasurer Name (First, Middle, Last)   N/A		CEDC DIE	OBJETON		<u> </u>					
Street Address 1 Street Address 2 Street Address 3 Street Address  Email Address  Email Address  Email Address  Email Address  Street Address 1 Street Address 1 Street Address 2	5. COMMITTEE OFFI	CERS INF		Middle Test)		Donuty Tro	aguyay Nama (E	iunt Middle	Toot	
Street Address 2  City, State, Zip Code  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 xxxxxx  Phone Number (xxx) xxx-xxxxx  Phone Nu	R - 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
Street Address 2  City, State, Zip Code  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 xxxxxx  Phone Number (xxx) xxx-xxxxx  Phone Nu	Street Address 1 Street A		Stroot Address 1	<u> </u>						
Street Address 2  City, State, Zip Code	6377 5 81th	- ALE	Direct radiose r			bileerradure	-33 I			
City, State, Zip Code  Phone Number (xxx) xxx-xxxx ext. xxxxx  Account 1	Street Address 2 St		Street Address 2		<del>-</del>	Street Address 2				
Phone Number (xxx) xxx-xxxx ext. xxxxx  Phone										
Phone Number (xxx) xxx-xxxx ext. xxxxx  Phone	City, State, Zip Code City		City, State, Zip Code	City, State, Zip Code		City, State, Zip Code				
Phone Number (xxx) xxx-xxxx ext. xxxxx   In the converted to the converted t			• •			, , , , , , , , , , , , , , , , , , , ,				
Email Address  Email Address  Email Address  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 2  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 Can update the information above at any time by filing	Phone Number (xxx) xxx-xxxx ext. xxxxx Phone Number (xxx)			xx-xxxx ext. xxxxx Phone N			per (xxx) xxx-x	xxx ext. xxx	xx	
### Address   Email Address   Email Address    ### 4. DEPOSITORY INFORMATION    Account 1							` ,			
Account 1  Account 2  Account 3  Account 4  Street Address 1  Street Address 1  Street Address 1  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			Email Address			Email Addre	ess			
Account 1  Account 2  Account 3  Account 4  Street Address 1  Street Address 1  Street Address 1  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										
Account 1  Account 2  Account 3  Account 4  Street Address 1  Street Address 1  Street Address 1  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	4. DEPOSITORY INFO	DRMATIO	N				-			
Street Address 2  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			- 1	Account 3			Account 4	<del></del>		
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 Can update the information above at any time by filing										
City, State, Zip Code	Street Address 1	Street Address 1		Street Address 1			Street Address 1			
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	Street Address 2	Street Address 2		Street Address 2			Street Address 2			
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										
provide such information is a violation of laws of Oklahoma. I understand that I can update the information above at any time by filing	City, State, Zip Code	City, State, Z	Zip Code	City, State, Zip Code		,	City, State, Zip Code			
provide such information is a violation of laws of Oklahoma. I understand that I can update the information above at any time by filing										
provide such information is a violation of laws of Oklahoma. I understand that I can update the information above at any time by filing	I acknowledge that the inform	ation subm	itted is complete, tr	ue and accura	ate as of th	e date subn	itted. I unde	rstand the	failure to	
	provide such information is a vic	lation of lav	ws of Oklahoma. Í un	derstand that/I	can updat	e the inform	națion above	at any time	by filing	
	an amended statement of organiz	ation.	<	1	2 1	NdI	1			

For Municipal Clerk office use only.

Number assigned:  $\frac{2018-1}{8}$ 

Date

Signature