

STATE OF OKLAHOMA
MUNICIPALITY OF _____
(Name of Municipality)

POLITICAL COMMITTEE STATEMENT OF ORGANIZATION

1. COMMITTEE INFORMATION

AMENDED:

Full Name of Committee (No Acronyms)		Acronym	Registration Year
Type of Political Action Committee and 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. xxxxx	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			

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.

For Municipal Clerk office use only.
 Number assigned: _____

 Signature Date