

**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) Mykey Arthrell		Party Affiliation Non-Partisan
Complete name of Office Sought District 5 City Councilor		Special or General Election Date
Candidate Residence Street Address 1 1747 s Erie pl	Candidate Mailing Address 1	
Candidate Residence Street Address 2	Candidate Mailing Address 2	
Candidate Residence City, State, Zip Code Tulsa, OK, 74112	Candidate Mailing City, State, Zip Code	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx (918) 508-3816	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Candidate Email Address Mykey@arthrellfordistrict5.city

2. COMMITTEE INFORMATION

Candidate Committee Name: Mykey arthrell for city council		
Committee Physical Street Address 1 1747 s erie pl	Committee Mailing Address 1	
Committee Physical Street Address 2	Committee Mailing Address 2	
Committee City, State, Zip Code tulsa, ok, 74112	Committee Mailing Address City, State, Zip Code	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx (918) 508-3816	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Committee Email Address
Committee Website Address www.arthrellfordistrict5.city	Social Media Account Address	Social Media Account Address
Social Media Account Address	Social Media Account address	Social Media Account Address

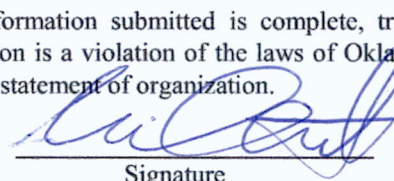
3. COMMITTEE OFFICERS INFORMATION

Chair's Name (First, Middle, Last) Mykey william Arthrell-knezek	Treasurer's Name (First, Middle, Last) Margaret Arthrell-knezek	Deputy Treasurer's Name (First, Middle, Last)
Street Address 1 1747 s erie pl	Street Address 1 1747 s erie pl	Street Address 1
Street Address 2	Street Address 2	Street Address 2
City, State, Zip Code tulsa, ok 74112	City, State, Zip Code tulsa, ok 74112	City, State, Zip Code
Phone Number (xxx) xxx-xxxx ext. xxxxx (918)508-3816	Phone Number (xxx) xxx-xxxx ext. xxxxx (918)508-3817	Phone Number (xxx) xxx-xxxx ext. xxxxx
Email Address	Email Address	Email Address

4. DEPOSITORY INFORMATION

Account 1	Account 2	Account 3	Account 4
Tulsa Fed			
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 _____ Date 7/27/20

For Municipal use only.

Number assigned: 2020-19

FILED
 CITY OF TULSA
 STATE OF OKLAHOMA
 2020 JUL 28 AM 10:52
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 CITY CLERK