## STATE OF OKLAHOMA MUNCIPALITY OF TU/Se (Name of Municipality)

## CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE INFOR	MATION			AMENDE	D:	
Name as it will appear on the ballot (Last, First, Middle)				Party Affiliation Non-Partisan		
Complete name of Office Sought				Special or General Election Date		
Candidate Residence Sueet Address	15) riet 4	Candidate Mailing A		ust 23		
1021 E 7 St			Candidate Mailing Address 1			
Candidate Residence Street Address 2			Candidate Mailing Address 2			
Candidate Residence City, State, Zip Code			Candidate Mailing City, State, Zip Code			
			x) xxx-xxxx ext. xxxx	Candidate	Email Address	
(918) 606.201	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1			dist	mell. com	
2. COMMITTEE INFOI	RMATION			89	meil. com	
Committee Physical Street Address 1	11/4	35				
Committee Physical Street Address 1			Committee Mailing Address 1			
Committee Physical Street Address 2			Committee Mailing Address 2			
Committee City, State, Zip Code			Committee Mailing A	Committee Mailing Address City, State, Zip Code		
			x) xxx-xxxx ext. xxxxx	x-xxxx ext. xxxxx Committee Email Address		
Committee Website Address Social Media Account A			t Address	Social Media Account Address		
Nttps://district4binkes.com Social Media Account Address Social Media Account			t addess	Social Media Account Address		
				South Media (1000dik ) Maloo		
3. COMMITTEE OFFICE Chair's Name (First, Middle, Last)	CERS INFO		Middle Leat	Danuty Tea	anner's Name (Ciest Middle Leet)	
Chair's Name (First, Middle, Last)  Treasurer's Name (First, Michael B. 1  Street Address 1  Street Address 1			BINKS	Deputy Treasurer's Name (First, Middle, Last)		
Street Address 1		Street Address 1	Street Address 1		ess 1	
Street Address 2			Street		eet Address 2	
City, State, Zip Code City, State, Zip		City, State, Zip Code			Zip Code	
Phone Number (yxx) xxx-xxxx ext	Phone Number (xxx) xxx-xxxx ext. xxxxx Phone Number (xxx		574120	XXXX ext. XXXXX Phone Number (XXX) XXX-XXXX ext. XXXXX		
(96) COL-2029 (9 Email Address Ema		913) (754.2029 Email Address				
Orstrust burk	E) e	Amail Address		Email Addr	ess	
4. DEPOSITORY INFO	RMATION					
Account 1	Account 2		Account 3		Account 4	
Street Address 1	Street Addr	ress 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	
Tube, CX 741			ery, state, zip code		enj, oute, zip coue	
I, the candidate identified on thi	1.75	nowledge that the in	nformation submitted	is compl	ete, true and accurate as of the	
date submitted. I understand the	e failure to	provide such informat	tion is a violation of	the laws o		
can update the information above	e at any tim	e by filing an amended I W OE Nill 2202	1 statement of organiz	ration.		
	0	5 6000	my	ンしく	6/30/22	
For Municipal use only.	AMOH	SIVIE OF OKLA	Signatur	re	Date	
Number assigned: 2022-18	— A S	CILK OF TULE				