STATE OF OKLAHOMA

MUNICIPALITY OF Tulsa

(Name of Municipality)

PO 1. COMMITTEE		OMMITTEE STA	ATEMENT	OF OR	GANIZA'		NDED:	LEN	HOM	30.6
Full Name of Committee (No Acronyms)					Acronym Regist			nove Prove	ONT	DMG
The Change Pac Type of Political Action Committee and Purpose of Committee					TCP		2024	5	0	_
To support municipal camp			lates who suppo	ort change	e.		FIL	DFFICE OF THE	TULSA,	OF T 10
Physical Street Address I 3172 S 129th E Ave	Mailing Address 1						CITY OF	DO ACOC		
Physical Street Address 2 Ste. A 5172			Mailing Address 2							200
Physical Street Address City, Sta Tulsa, OK 74134				ity, State, Z						
Phone Number 1 (xxx) xxx-xxxx ext xxxxx		Phone Number 2 (xxx) xxx-xxxx ext xxxxx		xt xxxxx	Email address					
Website Address		Social Media Account			Social Media Account					
		N OR LABOR UNI	ON INFORMA	ATION						
Affiliated Corporation or Labor U	Inion Name:									
Physical Street Address 1			Mailing Address I							
Physical Street Address 2			Mailing Address 2							
City, State, Zip Code			Mailing Address City, State, Zip Code							
Main Phone Number (xxx) xxx-x	Internet website	Email address								
3. COMMITTEE					1					
Chair Name (First, Middle, Last) Zander Chonka		Treasurer Name (First, Middle, Last)			Deputy Treasurer Name (First, Middle, Last)					
Street Address I 6966 S Utica Ave		Street Address 1			Street Address 1					
Street Address 2 Ste. 225		Street Address 2			Street Address 2					
City, State, Zip Code Tulsa, OK 74136		City, State, Zip Code			City, State, Zip Code					
Phone Number (xxx) xxx-xxxx ext xxxxx 9183614084		Phone Number (xxx) xxx-xxxx ext xxxxx		кx	Phone Number (xxx) xxx-xxxx ext xxxxx					
Email Address zanderchonka@gmail.com		Email Address			Email Address					
4. DEPOSITORY	INFORMATIC	N								
Account 1	Account 2		Account 3	eccount 3		Account 4				
Street Address I	Street Addre	ess I	Street Address	Street Address		Street Address 1				
Street Address 2	Street Addre	Street Address 2		Street Address 2		Street Address 2				
City, State, Zip Code	City, State,	City, State, Zip Code		City, State, Zip Code		City, State, Zip Code				
I acknowledge that the provide such information is an amended statement of control of the statement	s a violation of la			can upda	ate the inform	nation above		e by	filir	
For Municipal Clerk office use only.			-	Signature			Date			

Number assigned: