## STATE OF OKLAHOMA MUNCIPALITY OF

(Name of Municipality)

## CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE I				AMENDE	D:		
Name as it will appear on the	CR	ile)		No	rty Affiliation. m. Partisat	Rep	
Complete name of Office Sou	ight	truct5		Special or G	eneral Elect		
Candidate Residence Street A	ddress 1	O(PIO)	Candidate Mailing A	ddress 1	- 1		
Candidate Residence Street Address 1			8538 E. 24 St.				
Candidate Residence Street A	ddress 2		Candidate Mailing A	ddress 2			
Candidate Residence City, Sta	ate, Zip Code		Candidate Mailing C		Code 14120		
Phone Number 1 (xxx) xxx-x	xxx ext. xxxxx	Phone Number 2 (xx.	x) xxx-xxxx ext. xxxxx	Candidate	Email Addre	ess Jahon-COM	
2. COMMITTEE I	NFORMATION	•		1	10		
Candidate Committee Name:	TILINIAL	KER 2018					
Committee Physical Street Ac	ldress 1	per pero	Committee Mailing	Address 1			
Committee Physical Street Address 1			8538 E. 24th ST				
Committee Physical Street Ac	ldress 2		Committee Mailing	Address 2			
Committee City, State, Zip C	ode 4129		Committee Mailing	Address City,	State, Zip Co	ode	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx Phone Number 2 (xxx)			x) xxx-xxxx ext. xxxxx				
Committee Website Address	>19	Social Media Accoun	Social Media Account Address		Tywalterfortul a Council a gma		
					,		
Social Media Account Address	ss	Social Media Account address		Social Media Account Address			
3. COMMITTEE (	OFFICERS INFO	RMATION					
Chair's Name (First, Middle,		Treasurer's Name (First, I	Middle, Last) Walker	Deputy Tre	asurer's Nar	ne (First, Middle, Last)	
	reet Address 1 Street Address 1			Street Address 1			
		3538 E. 24	57	8172		14 St. S.	
Street Address 2		Street Address 2		Street Addr	ess 2		
City, State, Zip Code	291	City, State, Zip Code	14119	City, State,	Zip Code	14008	
Phone Number (xxx) xxx-xx	xx ext. xxxxx		x-xxxx ext, xxxxx	Phone Num	ber (xxx) x	xx-xxxx ext. xxxxx	
119 812 - 045 Email Address	Number (xxx) xxx-xxxx ext. xxxxx Phone Number (xxx) 912-0452					XX-XXXX ext. XXXXX OSIH	
Email Address	alace com	Email Address  MSSNOW W.	ells 1274 @	Email Addr	avenil	consulting con	
4. DEPOSITORY	NFORMATION	or (solitore M	gwa to com	11119	regree	01.000111119	
Account 1	Account 2		Account 3		Account 4		
Street Address 1	Street Addres	ss 1	Street Address 1		Street Address 1		
Street Address 2	Street Address	ss 2	Street Address 2		Street Add	iress 2	
City, State, Zip Code	City, State, Z	ip Code	City, State, Zip Code		City, State, Zip Code		
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the candinate identified te submitted. I underst							
n update the information						/ - / -	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Juan V.	hel		1/18/18	
Municipal gree only.			Signatur	re		Date	
nber assigned:							