

STATE CANDIDATE COMMITTEES ONLY

**STATEMENT OF INTENT
FOR MINIMAL CALENDAR YEAR ACTIVITY**

NAME OF STATE CANDIDATE COMMITTEE

NAME OF TREASURER YEAR OF GENERAL OR SPECIAL GENERAL ELECTION

TREASURER'S ADDRESS DAYTIME TELEPHONE NUMBER

TREASURER'S CITY, STATE AND ZIP CODE

The above referenced candidate committee **DOES NOT INTEND TO** accept contributions nor to make expenditures in excess of \$500 in the aggregate for calendar year _____ (cannot be year of candidate's General or Special General Election).
[year of minimal activity]

SIGNATURE OF TREASURER

MAIL OR FAX TO:

Ethics Commission
2300 N Lincoln Blvd, Rm B5
Oklahoma City, OK 73105-4812
FAX: (405) 521-4905