## 

## POLITICAL COMMITTEE STATEMENT OF ORGANIZATION

1. COMMITTEE INFORMATION					AMENDED:		
Full Name of Committee (No Acronyms)					Acronym Registration Year		
Purpose of Committee							
Physical Street Address 1				Mailing Address 1			
Physical Street Address 2	Mailing A	Mailing Address 2					
Physical Street Address City, State, Zip Code				Mailing City, State, Zip Code			
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx		Phone Number 2 (x	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx		Email address		
Website Address		Social Media Account			Social Media Account		
		R LABOR UNION INFORMATION					
Affiliated Corporation or Labor Union N		OR LABOR UNION IN	CORMATION				
Physical Street Address 1		Mailing Address 1					
Physical Street Address 2		Mailing Address 2					
City, State, Zip Code		Mailing Address City, State, Zip Code					
Main Phone Number (xxx) xxx-xxxx ext	Internet website	ernet website Email a		ldress			
3. COMMITTEE OFFICE	ERS INFOI	RMATION					
Chair Name (First, Middle, Last)		Treasurer Name (First, Middle, Last)			Deputy Treasurer Name (First, Middle, Last)		
Street Address 1		Street Address 1		Street Address 1			
Street Address 2		Street Address 2		Street Address 2			
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code			
Phone Number (xxx) xxx-xxxx ext. xxxxx		Phone Number (xxx) xxx-xxxx ext. xxxxx		Phone Number (xxx) xxx-xxxx ext. xxxxx			
Email Address		Email Address		Email Address			
4. DEPOSITORY INFOR	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 Addr	ress 2	Street Address 2			Street Address 2	
City, State, Zip Code	p Code City, State, Zip C		City, State, Zip Code			City, State, Zip Code	
I acknowledge that the inform provide such information is a vid an amended statement of organiz	olation of la						
				-	Signat	ture	Date
	Signed and sworn to	nd sworn to before me on		by Officer signing this form.			
		State of Okla	homa	)	(Date)		Natamark
or County use only.		County of ) ss		) ss )	My Comm	nission expire	Notary signature s:
umber assigned by the County:		Notary Seal			My commission #:		
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