



OKLAHOMA ETHICS COMMISSION

PHONE: (405) 521-3451 • FAX: (405) 521-4905 • WEBSITE: WWW.OK.GOV/ETHICS

STATEMENT OF ORGANIZATION CANDIDATE COMMITTEE

1. CANDIDATE INFORMATION

AMENDED FORM:

Name as it will appear on the ballot (Last, First, Middle)		Party Affiliation
Complete name of Office Sought		Special or General Election Date
Candidate Residence Street Address 1	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	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Candidate Email Address

2. COMMITTEE INFORMATION

Candidate Committee Name:		
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 Address City, State, Zip Code	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Committee Email Address
Committee Website Address	Social Media Account Address	Social Media Account Address
Social Media Account Address	Social Media Account Address	Social Media Account Address

3. COMMITTEE OFFICERS' INFORMATION

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 INFORMATION

Account 1	Account 2	Account 3	Account 4
Street Address 1	Street Address 1	Street Address 1	Street Address 1
Street Address 2	Street Address 2	Street Address 2	Street Address 2
City, State, Zip Code			

By signing, electronic or otherwise, my name below, I, the candidate identified on this form, acknowledge that the information submitted is complete, true and accurate as of the date submitted. I understand the failure to provide such information is a violation of the Ethics Rules of Oklahoma. I understand that I can update the information above at any time by filing an amended statement of organization.

Date submitted

Candidate signature

For Commission use only:

Number assigned by the Ethics Commission: _____

Candidate Committee Statement of Organization
version 2015.1