



OKLAHOMA ETHICS COMMISSION

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

STATEMENT OF ORGANIZATION OKLAHOMA POLITICAL ACTION COMMITTEE

1. COMMITTEE INFORMATION

AMENDED FORM:

Full Name of Committee (No Acronyms)		Acronym	Registration Year
Type of Political Action Committee and Purpose of Committee			
Physical Street Address 1		Mailing Address 1	
Physical Street Address 2		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 (xxx) xxx-xxxx ext. xxxxx	Email address	
Website Address	Social Media Account	Social Media Account	
Social Media Account	Social Media Account	Social Media Account	

2. AFFILIATED CORPORATION OR LABOR UNION INFORMATION

Affiliated Corporation or Labor Union Name:		
Physical Street Address 1		Mailing Address 1
Physical Street Address 2		Mailing Address 2
Physical City, State, Zip Code		Mailing Address City, State, Zip Code
Main Phone Number (xxx) xxx-xxxx ext. xxxxx	Internet website	Email 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, 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

Officer signature

For Commission use only.

Number assigned by the Ethics Commission: _____