



# OKLAHOMA ETHICS COMMISSION

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

## STATEMENT OF ORGANIZATION SPECIAL COMMITTEE

### 1. COMMITTEE INFORMATION

AMENDED FORM:

Full Legal Name of Elected State Officer Authorizing Committee		Registration Year
Full Name of Committee (No Acronyms)		Acronym
Type of Special 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. 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

### 3. 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's signature

*For Commission use only.*

Number assigned by Ethics Commission: \_\_\_\_\_