

**STATE OF OKLAHOMA
MUNICIPALITY OF Tulsa**

(Name of Municipality)

FILED
OFFICE OF THE CITY CLERK
CITY OF TULSA - OKLAHOMA
PM03:11

CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION

1. CANDIDATE INFORMATION

AMENDED:

Name as it will appear on the ballot (Last, First, Middle) Hoosier, Kaleb, Alexander		Party Affiliation Republican
Complete name of Office Sought Mayor of Tulsa		Special or General Election Date 08/27/2024
Candidate Residence Street Address 1 418 S. 55th W. Ave	Candidate Mailing Address 1 418 S.55th W. Ave	
Candidate Residence Street Address 2 N/A	Candidate Mailing Address 2 N/A	
Candidate Residence City, State, Zip Code Tulsa, Oklahoma, 74127	Candidate Mailing City, State, Zip Code Tulsa, Oklahoma, 74127	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx 8085908942	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx N/A	Candidate Email Address hoosier.kaleb@gmail.com

2. COMMITTEE INFORMATION

Candidate Committee Name: N/A		
Committee Physical Street Address 1 N/A	Committee Mailing Address 1 N/A	
Committee Physical Street Address 2 N/A	Committee Mailing Address 2 N/A	
Committee City, State, Zip Code N/A	Committee Mailing Address City, State, Zip Code N/A	
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx N/A	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx N/A	Committee Email Address N/A
Committee Website Address N/A	Social Media Account Address N/A	Social Media Account Address N/A
Social Media Account Address N/A	Social Media Account address N/A	Social Media Account Address N/A

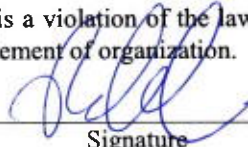
3. COMMITTEE OFFICERS INFORMATION

Chair's Name (First, Middle, Last) N/A	Treasurer's Name (First, Middle, Last) N/A	Deputy Treasurer's Name (First, Middle, Last) N/A
Street Address 1 N/A	Street Address 1 N/A	Street Address 1 N/A
Street Address 2 N/A	Street Address 2 N/A	Street Address 2 N/A
City, State, Zip Code N/A	City, State, Zip Code N/A	City, State, Zip Code N/A
Phone Number (xxx) xxx-xxxx ext. xxxxx N/A	Phone Number (xxx) xxx-xxxx ext. xxxxx N/A	Phone Number (xxx) xxx-xxxx ext. xxxxx N/A
Email Address N/A	Email Address N/A	Email Address N/A

4. DEPOSITORY INFORMATION

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

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 laws of Oklahoma. I understand that I can update the information above at any time by filing an amended statement of organization.



 Signature

7/15/2024

 Date

For Municipal use only.

Number assigned: 2024-21