DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000254

PLEASE TYPE OR PRINT

Stephanie Conduff-Rogers

Name of Candidate as It Will Appear on Ballot

Stephanie Anne Conduff

Full Legal Name of Candidate

District 98 House of Representatives State &

Title of Office Sought (including district, office or ward if applicable)

1806 S. Ash Place, Broken Arrow, OK 74012 sc

Candidate's Address of Residence – Street, City

~~**Broken Arrow, Oklahoma, 74012**~~ sc Same as above sc

Candidate's Mailing Address – Street or Box, City, State, Zip

oklahomastatehouse.com

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Democrat** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **730108** Precinct **Wagoner** County

Date of Birth **May 26, 1983**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 4-13-14 Date

My Commission expires 06-23-2019 Date Commission Number 15005896

LISA MARTIN SEAL
Notary Public
State of Oklahoma
Commission # 15005896
My Commission Expires Jun 23, 2019

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available ☐

PLEASE TYPE OR PRINT

000253

Sevier White

Name of Candidate as it Will Appear on Ballot

Robert Clarence Sevier White

Full Legal Name of Candidate

U.S. Representative - District 4

Title of Office Sought (including district, office or ward if applicable)

2532 Butler Drive, Norman, Oklahoma

Candidate's Address of Residence – **Street, City**

2532 Butler Drive, Norman, Oklahoma, 73069

Candidate's **Mailing Address – Street or Box, City, State, Zip**

405-321-3934 **Telephone Number (Optional)**

SWhite41@cox.net **Email Address (Optional)**

Website Address (Optional)

☒ **Party Candidate** Libertarian **Name of Political Party** ☐ **Independent** ☐ **Judicial**

I am a registered voter in 140059 **Precinct** Cleveland **County**

Date of Birth 08, 14, 1948 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me April 13th, 2016 **Date**

My Commission expires 12-19-2018 **Date** Commission Number 14011273

Notary Public
State of Oklahoma
WILLIAM M KENG JR.
OKLAHOMA COUNTY
COMMISSION #14011273
Comm. Exp. 12-19-2018

William M. Keng Jr.

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public Assistant Branch Manager

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

000252

Judy Mullen Hopper

Name of Candidate as It Will Appear on Ballot

Judith Fay Hopper

Full Legal Name of Candidate

Senate District 47

Title of Office Sought (including district, office or ward if applicable)

11912 Sawgrass Rd., Oklahoma City, OK 73162

Candidate's Address of Residence – Street, City

11912 Sawgrass Rd., Oklahoma City, OK 73162

Candidate's Mailing Address – Street or Box, City, State, Zip

405-640-5671 **judy.oksenate@gmail.com**

Telephone Number (Optional) Email Address (Optional) Website Address (Optional)

☑ Party Candidate **Democrat** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **550148** Precinct **OK** County

Date of Birth **07/15/53**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Judy Mullen Hopper

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires July 13, 2017 Commission Number 05006391

Date

SEAL

Diana D. Holladay

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000251

PLEASE TYPE OR PRINT

Kyle D. Loveless

Name of Candidate as It Will Appear on Ballot

Kyle David Loveless

Full Legal Name of Candidate

State Senate #45 KDL

Title of Office Sought (including district, office or ward if applicable)

4701 SW 127th Street Oklahoma City, Oklahoma 73170

Candidate's Address of Residence – Street, City

4701 SW 127th Street Oklahoma City, Oklahoma 73170

Candidate's Mailing Address – Street or Box, City, State, Zip

405-640-0740 (Telephone Number (Optional)) kyleloveless@hotmail.com (Email Address (Optional)) (Website Address (Optional))

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 7 **Precinct** Cleveland **County**

Date of Birth 01/07/1974

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Kyle D. Loveless

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-13-16 (Date)

My Commission expires 4-6-19 (Date) Commission Number 15033167

JEFF CARRON NOTARY # 15003167 EXP. 04/06/19 PUBLIC STATE OF OKLAHOMA

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000250

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jeremy Miller

Name of Candidate as It Will Appear on Ballot

Jeremy Steven Miller

Full Legal Name of Candidate

State House of Rep District 100

Title of Office Sought (including district, office or ward if applicable)

4701 N. Donald Ave, Bethany

Candidate's Address of Residence – Street, City

4701 N. Donald Ave. Bethany, OK 73008

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

[X] **Party Candidate** Dem — **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 550009 **Precinct** OK **County**

Date of Birth 8/28/80 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Jeremy Miller

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13th, 2016 **Date**

My Commission expires 03/18/2019 **Date** Commission Number 15002511

BENJAMIN JOSEPH BEST NOTARY SEAL #15002511 EXP. 03/18/19 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000249

PLEASE TYPE OR PRINT

MICKEY DOLLENS

Name of Candidate as It Will Appear on Ballot

MICKEY A. DOLLENS

Full Legal Name of Candidate

STATE REPRESENTATIVE HOUSE DISTRICT 93

Title of Office Sought (including district, office or ward if applicable)

1614 SW 77th Place OKLAHOMA CITY, OKLAHOMA 73159

Candidate's Address of Residence – Street, City

~~19629~~ P.O. Box 19629 OKC, OK 73144

Candidate's Mailing Address – Street or Box, City, State, Zip

405-898-7578 MICKEY@MICKEYDOLLENS.COM MICKEYDOLLENS.COM

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☒ **Party Candidate** DEMOCRAT ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 550231 **Precinct** OKLAHOMA **County**

Date of Birth AUGUST 22, 1987

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Mick Dollens

Signature of Candidate

State of Okla County of Okla

Subscribed and sworn to before me 4-13-16

Date

My Commission expires 8-3-16 Commission Number

Date

MICHELLE MCNEES NOTARY PUBLIC IN AND FOR STATE OF OKLAHOMA #15005779 EXP. 08/03/19 SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Clerk

Title of Officer (Notary Public or Other Officer)

000248

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Lewis H. Moore

Name of Candidate as It Will Appear on Ballot

Lewis Hansen Moore

Full Legal Name of Candidate

State Representative, House District 96

Title of Office Sought (including district, office or ward if applicable)

10100 Sunday Drive, Arcadia

Candidate's Address of Residence – Street, City

10100 Sunday Drive, Arcadia, OK 73007

Candidate's Mailing Address – Street or Box, City, State, Zip

		moore96.com
Telephone Number (Optional)	**Email Address (Optional)**	**Website Address (Optional)**

☒ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 96 **Precinct** Oklahoma **County**

Date of Birth 12-22-58

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Lewis H. Moore

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 4, 2016
Date

My Commission expires 5/29/16 Date Commission Number 08005276

GLYNDA REPPOND NOTARY # 08005276 EXP. 05/29/16 PUBLIC STATE OF OKLAHOMA

SEAL

Glynda Reppond

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000247

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Desiree Brown

Name of Candidate as It Will Appear on Ballot

Desiree Michelle Brown

Full Legal Name of Candidate

United States House of Representatives District 3

Title of Office Sought (including district, office or ward if applicable)

13019 E 670 Rd., Hennessey

Candidate's Address of Residence – Street, City

13019 E 670 Rd., Hennessey, OK 73742

Candidate's Mailing Address – Street or Box, City, State, Zip

405-264-3304 Telephone Number (Optional)

votefordesiree@yahoo.com Email Address (Optional)

votefordesiree.com Website Address (Optional)

☑ Party Candidate **Republican** Name of Political Party ☐ Independent ☐ Judicial

I am a registered voter in **370201** Precinct **Kingfisher** County

Date of Birth **May 5, 1983** Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Kingfield

Subscribed and sworn to before me 4.13.17 Date

My Commission expires 3.25.17 Date Commission Number 13002790

RENEE SCOTT NOTARY PUBLIC IN AND FOR STATE OF OKLAHOMA #13002790 SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Loyal Supervisor

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

000246

Richelle Helbig

Name of Candidate as It Will Appear on Ballot

PM State

Richelle Roseanne Helbig

Full Legal Name of Candidate

House of Representatives District 009

Title of Office Sought (including district, office or ward if applicable)

1406 NE Oak Ridge Dr. Claremore

Candidate's Address of Residence – Street, City

1406 NE Oak Ridge Dr. Claremore, OK 74017

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **660004** Precinct **Rogers** County

Date of Birth **April 27, 1965**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Richelle Helbig

Signature of Candidate

State of Okla County of Rogers

Subscribed and sworn to before me 4/12/2016.

Date

My Commission expires 9/9/2017 Date Commission Number 13008351

Notary Public - State of Oklahoma
OFFICIAL SEAL
TOMMA BUCHANAN
Commission Exp. 09-09-2017
Commission #13008351

Tomma Buchanan

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000245

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Brian Jackson

Name of Candidate as It Will Appear on Ballot

Brian Michael Jackson

Full Legal Name of Candidate

Oklahoma Senate District 37

Title of Office Sought (including district, office or ward if applicable)

700 Jamaica Drive, Sand Springs

Candidate's Address of Residence – Street, City

P.O. Box 15, Sand Springs, Oklahoma, 74063

Candidate's Mailing Address – Street or Box, City, State, Zip

918-406-3043	IVoteJackson@gmail.com	sites.google.com/site/ivotejackson
Telephone Number (Optional)	**Email Address (Optional)**	**Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 720855 **Precinct** Tulsa **County**

Date of Birth December, 19, 1982

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Brian Michael Jackson

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me April 11, 2016

Date

My Commission expires 5-20-17 Commission Number 13004795

Date

Teri Clanton

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

NOTARY SEAL PUBLIC

TERI CLANTON SEAL

Notary Public

State of Oklahoma

Commission # 13004795 Expires 05/20/17

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000244

PLEASE TYPE OR PRINT

Joe Wilhelm

Name of Candidate as It Will Appear on Ballot

Joseph Curtis Wilhelm III

Full Legal Name of Candidate

District 5 Representative – State

Title of Office Sought (including district, office or ward if applicable)

31731 S 604 Rd Grove OK 74344

Candidate's Address of Residence – Street, City

31731 S 604 Rd Grove OK 74344

Candidate's Mailing Address – Street or Box, City, State, Zip

918 791 8577 joewilhelm@wilhelmforoklahoma.com wilhelmforoklahoma.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 9 **Precinct** Delaware **County**

Date of Birth Feb 16 1989

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Joe Wilhelm III

Signature of Candidate

State of Oklahoma County of Delaware

Subscribed and sworn to before me Joe Wilhelm

My Commission expires 7-23-17 Commission Number 01012216

GAYLE YARBOROUGH NOTARY PUBLIC IN AND FOR STATE OF OKLAHOMA COMMISSION # 01012216

SEAL

Gayle Yarbrough

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000243

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

John Bennett

Name of Candidate as It Will Appear on Ballot

John Robert Bennett

Full Legal Name of Candidate

State Representative District #2

Title of Office Sought (including district, office or ward if applicable)

803 Pinto Ave. Sallisaw

Candidate's Address of Residence – Street, City

803 Pinto Ave. Sallisaw, OK 74955

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☒ **Party Candidate** Republican **Name of Political Party** ☐ **Independent** ☐ **Judicial**

I am a registered voter in Le80206 **Precinct** Sequoyah **County**

Date of Birth 03-14-1975 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

John R Bennett

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me 4-12-16 Date

My Commission expires 2-17-17 Commission Number 09001530

LEE R. DENNIS NOTARY PUBLIC COMM.# 09001530 EXPIRES 02/17/17 SEAL OR STAMP PAYNE COUNTY

Date

Lee R. Dennis

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000242

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

KEVIN McDONALD

Name of Candidate as it Will Appear on Ballot

KEVIN PATRICK McDONALD

Full Legal Name of Candidate

DISTRICT 41 STATE SENATE SEAT

Title of Office Sought (including district, office or ward if applicable)

1913 CEDAR RIDGE ROAD, EDMOND 73013

Candidate's Address of Residence – Street, City

SAME

Candidate's Mailing Address – Street or Box, City, State, Zip

	kmcforsenate@gmail.com	
Telephone Number (Optional)	**Email Address (Optional)**	**Website Address (Optional)**

[X] **Party Candidate** DEMOCRAT **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 550054 **Precinct** OKLAHOMA **County**

Date of Birth 05/01/1974 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Kevin P. McD

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 13 April 2016 **Date**

My Commission Expires 7/11/16 Commission Number 08006930

MARY E. WATKINS NOTARY PUBLIC # 08006930 EXP. 07/11/16 SEAL STATE OF OKLAHOMA

Date

Mary E Watkins

Signature of Notary Public or Officer Authorized to Administer Oath

DECLARATION OF CANDIDACY

000241

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Kevin Crow

Name of Candidate as It Will Appear on Ballot

Kevin Henry Crow

Full Legal Name of Candidate

State Senator, District 23

Title of Office Sought (including district, office or ward if applicable)

1816 W. Montana, Chickasha

Candidate's Address of Residence – Street, City

1816 W. Montana, Chickasha, OK 73018

Candidate's Mailing Address – Street or Box, City, State, Zip

405-448-1135 **Telephone Number (Optional)**

crowfor23@gmail.com **Email Address (Optional)**

www.gowithcrow.org **Website Address (Optional)**

☒ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 260002 **Precinct** Grady **County**

Date of Birth April 4, 1968

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Kevin H Crow

Signature of Candidate

State of Oklahoma County of Grady

Subscribed and sworn to before me April 13, 2016 **Date**

My Commission #01003285 Expires 3/7/17 **Date** Commission Number 01003285

HEATHER WITT NOTARY PUBLIC IN AND FOR STATE OF OKLAHOMA GRADY COUNTY

Heather Witt

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

000240

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Michelle Bray

Name of Candidate as It Will Appear on Ballot

Michelle Lynn Bray

Full Legal Name of Candidate

MB State House of Representatives District 49

Title of Office Sought (including district, office or ward if applicable)

15799 Highway 70E Madill

Candidate's Address of Residence – Street, City

15799 Highway 70E Madill 73446 MB

Candidate's Mailing Address – Street or Box, City, State, Zip

(580) 795-4652 michellebray40@gmail.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☑ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 480204 **Precinct** Marshall **County**

Date of Birth 09/15/1969

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Michelle Bray

Signature of Candidate

State of Oklahoma County of Marshall

Subscribed and sworn to before me 4/13/16 Date

My Commission expires 3/15/18 Date Commission Number 11002338

SEAL

Jessica Neeley

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000239

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Evelyn L. Rogers

Name of Candidate as It Will Appear on Ballot

Evelyn Louise Rogers

Full Legal Name of Candidate

U.S. House of Representatives District #1

Title of Office Sought (including district, office or ward if applicable)

6710 S. Quaker Ave., Tulsa, OK 74136

Candidate's Address of Residence – Street, City

PO Box 701103, Tulsa, OK 74170-1103

Candidate's Mailing Address – Street or Box, City, State, Zip

	evelynlrogers@yahoo.com	
Telephone Number (Optional)	**Email Address (Optional)**	**Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 110 **Precinct** Tulsa **County**

Date of Birth September 20, 1952

Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

✓ Evelyn L. Rogers

Signature of Candidate

State of Okla. County of Tulsa

Subscribed and sworn to before me 11th Day April 2016

Date

My Commission expires 06052018 Commission Number 02008007

Date

Debbie Webb

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

8120 S. Yale Ave

Tulsa OK. 74137

Notary Public
State of Oklahoma
DEBBIE WEBB
TULSA COUNTY
COMMISSION #02008007
Comm. Exp. 06-05-2018

SEAL

Notary Public
State of Oklahoma
DEBBIE WEBB
TULSA COUNTY
COMMISSION #02008007
Comm. Exp. 06-05-2018

000238

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available. 000238

PLEASE TYPE OR PRINT

Rhonda Harlow
Name of Candidate as It Will Appear on Ballot

Rhonda René Harlow
Full Legal Name of Candidate

State Senate District 19
Title of Office Sought (including district, office or ward if applicable)

2709 West Broadway Enid
Candidate's Address of Residence – Street, City

2709 West Broadway Enid, OK 73703
Candidate's Mailing Address – Street or Box, City, State, Zip

580-234-8827 harlow4oksenate2@gmail.com
Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☒ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**
Name of Political Party

I am a registered voter in 202 **Precinct** Garfield **County**

Date of Birth 09/22/1969
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Rhonda Harlow
Signature of Candidate

State of Oklahoma County of Garfield

Subscribed and sworn to before me April 13th, 2016
Date

My Commission expires 4/7/18 Date Commission Number 02004205

CAROL GOBER NOTARY SEAL # 02004205 EXP. 04-07-2018 PUBLIC STATE OF OKLAHOMA

Carol Gober
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

000237

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Dan Myers

Name of Candidate as It Will Appear on Ballot

Daniel Thomas Myers

Full Legal Name of Candidate

House District 81 Representative

Title of Office Sought (including district, office or ward if applicable)

3009 Aerie Dr Edmond, OK 73013 DTM

Candidate's Address of Residence – Street, City

~~Edmond, OK 73013~~ Same DTM

Candidate's Mailing Address – Street or Box, City, State, Zip

405-409-5346 Telephone Number (Optional)

DThomasMyers@gmail.com Email Address (Optional)

DanMyersOK.com Website Address (Optional)

☑ Party Candidate **Democratic** Name of Political Party ☐ Independent ☐ Judicial

I am a registered voter in **550111** Precinct **Oklahoma** County

Date of Birth **May, 29, 1980** Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Dan Myers

Signature of Candidate

State of OK County of Oklahoma

Subscribed and sworn to before me 13 April 2016 Date

My Commission expires 10/3/2016 Date Commission Number 14008918

CHRIS CREMIN NOTARY # 14008918 EXP. 10/03/18 PUBLIC STATE OF OKLAHOMA

SEAL

Chris Cremin

Signature of Notary Public or Officer Authorized to Administer Oath

Chris Cremin – Notary Public

Title of Officer (Notary Public or Other Officer)

000236

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

John Allen Williams

Name of Candidate as It Will Appear on Ballot

John Allen Williams

Full Legal Name of Candidate

Senate District 5

Title of Office Sought (including district, office or ward if applicable)

53565 Williams Avenue Talihina JAW

Candidate's Address of Residence – Street, City

PO Box 848 Talihina OK. 74571

Candidate's Mailing Address – Street or Box, City, State, Zip

918 567 2815 | | |

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Democrate ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 400302 Precinct Le Flore County

Date of Birth 11/24/59

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

John Allen Williams

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 7/13/17 Commission Number 05006391

Date

Diana J. Holladay

SEAL Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000235

PLEASE TYPE OR PRINT

Thomas Ryan

Name of Candidate as It Will Appear on Ballot

Thomas Albert Ryan

Full Legal Name of Candidate

State Senate District 35

Title of Office Sought (including district, office or ward if applicable)

118 E. 21st St, Unit B, Tulsa, OK 74114-1154

Candidate's Address of Residence – Street, City

same

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

[X] Party Candidate Democrat [ ] Independent [ ] Judicial

Name of Political Party

I am a registered voter in 720046 Precinct Tulsa County

Date of Birth July 4, 1975

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 4-4-2016

Date

My Commission Expires Commission Number

Date

LEE ANN DEFOIN NOTARY PUBLIC No. 02012638 Expires Aug. 4, 2018 STATE OF OKLAHOMA SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000234

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Ruby Peters

Name of Candidate as it Will Appear on Ballot

Ruby Jean Peters

Full Legal Name of Candidate

Oklahoma State Representative, District 62 Comanche County

Title of Office Sought (including district, office or ward if applicable)

7811 NW Baldwin Ave., Lawton, Oklahoma 73505

Candidate's Address of Residence – Street, City

7811 NW Baldwin Ave., Lawton, Oklahoma 73505

Candidate's Mailing Address – Street or Box, City, State, Zip

580 536 2753/580 483 5033 Telephone Number (Optional)

ruby-peters@sbcglobal.net Email Address (Optional)

N/A Website Address (Optional)

☑ Party Candidate **Democratic Party** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **#1** Precinct **Comanche County** County

Date of Birth **09/30/43**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Ruby Jean Peters

Signature of Candidate

State of Oklahoma County of Comanche

Subscribed and sworn to before me 12th Day of April 2016

Date

My Commission expires 04-17-2019 Commission Number 15003610

Date

NOTARY PUBLIC State of Okla.
JAMAL C. McKINNEY
Comm. #15003610
Expires 04-17-2019

SEAL

Jamal C. McKinney

Signature of Notary Public or Officer Authorized to Administer Oath

Universal Banker

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000233

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Wilfredo Santos Rivera

Name of Candidate as It Will Appear on Ballot

WILFREDO SANTOS RIVERA

Full Legal Name of Candidate

HD-92

Title of Office Sought (including district, office or ward if applicable)

3209 S. Oklahoma Ave OKC OK 73129

Candidate's Address of Residence – Street, City

SAME AS ABOVE

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** Democratic ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 215 **Precinct** OK **County**

Date of Birth 6-4-45

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Wilfredo Santos Rivera

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13 2016

Date

My Commission expires July 13, 2017 Date Commission Number 05006391

Diana J. Holladay

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000232

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jason Lowe
Name of Candidate as It Will Appear on Ballot

Jason Lowe
Full Legal Name of Candidate

State Representative House District 97
Title of Office Sought (including district, office or ward if applicable)

25 1/2 NE 63rd Oklahoma City, OK 73105
Candidate's Address of Residence – Street, City

228 Robert S. Kerr Ave. Suite 630, Oklahoma City, OK 73102
Candidate's Mailing Address – Street or Box, City, State, Zip

(405) 232-8500 | | |
Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

[X] **Party Candidate** Democrat **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 117 **Precinct** Oklahoma **County**

Date of Birth February 20, 1974
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Jason Lowe
Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13th 2016
Date

My Commission Expires 11.6.2020 Commission Number 16003557
Date

YESSENIA RIVERA NOTARY PUBLIC Commission # 16003557 STATE OF OKLAHOMA OKLAHOMA COUNTY

Yessenia Rivera
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000231

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

William Cagle

Name of Candidate as It Will Appear on Ballot

William Shannon Cagle

Full Legal Name of Candidate

District 84 State House of Representatives

Title of Office Sought (including district, office or ward if applicable)

6504 N.W. 30th St Bethany OK

Candidate's Address of Residence – Street, City

6504 N.W. 30th St Bethany Oklahoma, 73008

Candidate's Mailing Address – Street or Box, City, State, Zip

405-514-6910

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **5** Precinct **Oklahoma** County

Date of Birth **02/02/1994**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of OKLAHOMA County of OKLAHOMA

Subscribed and sworn to before me 04-13-2016 Date

My Commission expires 05-28-2017 Date Commission Number 09004502

JUSTIN KUDRON NOTARY # 09004502 EXP. 05/28/17 PUBLIC STATE OF OKLAHOMA

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000230

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Katie Henke

Name of Candidate as It Will Appear on Ballot

Katharine Huffman Henke

Full Legal Name of Candidate

State Representative House District 71

Title of Office Sought (including district, office or ward if applicable)

1441 East 33rd Street, Tulsa, OK 74105

Candidate's Address of Residence – Street, City

PO Box 52530, Tulsa, OK 74152

Candidate's Mailing Address – Street or Box, City, State, Zip

918-361-3050	katie@katiehenke.com	KatieHenke.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **66** Precinct **Tulsa** County

Date of Birth **October 30, 1980**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Katie Henke

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 4/1/16

Date

My Commission expires 11/12/17 Commission Number 13010455

Date

Terri L Sullivan

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

Notary Public
State of Oklahoma
TERRI L. SULLIVAN
TULSA COUNTY
COMMISSION #13010455
Comm. Exp. 11-12-2017

000229

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Cory T. Williams

Name of Candidate as It Will Appear on Ballot

Cory Thomas Williams

Full Legal Name of Candidate

STATE REPRESENTATIVE DISTRICT 34

Title of Office Sought (including district, office or ward if applicable)

304 S. KINGS ST. STILLWATER OK 74074

Candidate's Address of Residence – Street, City

621 S. HUSBAND STILLWATER, OK 74074

Candidate's Mailing Address – Street or Box, City, State, Zip

(405) 533-1767 williamslaw@brightok.net

Telephone Number (Optional) Email Address (Optional) Website Address (Optional)

[X] Party Candidate DEMOCRAT [ ] Independent [ ] Judicial

Name of Political Party

I am a registered voter in 600016 Precinct PAYNE County

Date of Birth 01/24/1978

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-13-16

Date

My Commission expires 10-15-18 Commission Number 14009345

Date

CASSI PETERS NOTARY PUBLIC STATE OF OKLAHOMA SEAL #14009345 EXP. 10/15/18

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000228

Notice: All information provided on this form will be made publicly available

PLEASE TYPE OR PRINT

Cory Gage

Name of Candidate as It Will Appear on Ballot

Cory Lee Gage

Full Legal Name of Candidate

State Senate District 37

Title of Office Sought (including district, office or ward if applicable)

6371 W 11th PL, Tulsa

Candidate's Address of Residence – **Street, City**

PO Box 691245 Tulsa, OK 74169

Candidate's **Mailing Address – Street or Box, City, State, Zip**

918-892-0881 | CoryLGage@gmail.com |

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 720 149 **Precinct** Tulsa **County**

Date of Birth 08/18/77

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Cory L. Gage

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 13 April 2016

Date

My Commission expires 03/11/2020 Date Commission Number 16002666

MICHELE THOMPSON NOTARY PUBLIC STATE OF OKLAHOMA # 16002666 EXP. 03/11/20 SEAL

Michele Thompson

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000227

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Paul Marean

Name of Candidate as It Will Appear on Ballot

Paul Raymond Marean

Full Legal Name of Candidate

State House of Representatives District 17

Title of Office Sought (including district, office or ward if applicable)

1524 Pennsylvania Ave Hartshorne Oklahoma 74547

Candidate's Address of Residence – Street, City

1524 Pennsylvania Ave Haretshorne Oklahoma 74547

Candidate's Mailing Address – Street or Box, City, State, Zip

(918) 297-7740 **Telephone Number (Optional)**

mareanforcongress@yahoo.com **Email Address (Optional)**

mareanforstaterep.com **Website Address (Optional)**

☑ **Party Candidate** Republican **Name of Political Party** ☐ **Independent** ☐ **Judicial**

I am a registered voter in 610034 **Precinct** Pittsburgh **County**

Date of Birth July 6, 1963 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Paul Marean

Signature of Candidate

State of Oklahoma County of Pittsburg

Subscribed and sworn to before me April 13, 2016 Date

My Commission expires 4-16-16 Date Commission Number 04003491

SHIRLEY MATHEWS NOTARY PUBLIC # 04003491 EXP. 04/16/16 STATE OF OKLAHOMA

Shirley Mathews

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000226

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

DALE DERBY

Name of Candidate as It Will Appear on Ballot

GEORGE DALE DERBY

Full Legal Name of Candidate

STATE REPRESENTATIVE DISTRICT 74 ~~74~~

Title of Office Sought (including district, office or ward if applicable)

7247 N. 201st E. Ave OWASSO

Candidate's Address of Residence – Street, City

7247 N 201st E. Ave, OWASSO, OK 74055

Candidate's Mailing Address – Street or Box, City, State, Zip

918-231-0389 dalederby74@icloud.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☒ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 660030 **Precinct** Rogers **County**

Date of Birth 09-25-1998

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Dale Derby

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me April 13 2016

Date

My Commission expires 9/12/16 Commission Number 08009459

Date

Jessica Sprouse

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

JESSICA SPROUSE
SEAL
Notary Public in and for
STATE OF OKLAHOMA
Commission #08009459
Expires: Sept. 12, 2016

000225

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Scott McEachin

Name of Candidate as It Will Appear on Ballot

Scott William McEachin

Full Legal Name of Candidate

SEN STATE Representative, House District 67

Title of Office Sought (including district, office or ward number if applicable)

7032 East 100th Street, Tulsa, Oklahoma 74133

Candidate's Address of Residence — Street, City

7032 East 100th Street, Tulsa, Oklahoma 74133

Candidate's Mailing Address — Street or Box, City, State, ZIP

918-298-2415 (Telephone Number (Optional))

scott@mceachinlaw.com (Email Address (Optional))

www.scottmceachin.com (Website Address (Optional))

☑ Party Candidate Republican (Name of Political Party) ☐ Independent ☐ Judicial

I am a registered voter in 154 (Precinct) Tulsa (County)

Date of Birth December 12, 1951 (Month, Day, Year)

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Scott W. McE

Signature of Candidate
Scott William McEachin

State of OKLAHOMA County of TULSA

Subscribed and sworn to before me on April 13,2016.
Date

My commission expires 3-15-18 Date Commission number 10002170

Notary Public
State of Oklahoma
MARILYN BLASSINGHAM
COMMISSION #10002170
Comm. Exp. 03-15-2018

Marilyn Blassingham

Signature of Notary Public or Officer Authorized to Administer Oath

NOTARY PUBLIC

Title of Officer (Notary Public or Other Officer)

000224

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Adam Pugh

Name of Candidate as It Will Appear on Ballot

Adam Louis Pugh

Full Legal Name of Candidate

State Senate, District 41

Title of Office Sought (including district, office or ward if applicable)

4625 Spectacular Bid Ave Edmond, OK 73025

Candidate's Address of Residence – Street, City

4625 Spectacular Bid Ave Edmond, OK 73025

Candidate's Mailing Address – Street or Box, City, State, Zip

	AdamPughforsenate@gmail.	Pughforsenate.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 550043 Precinct Oklahoma County

Date of Birth October 12 1977

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of OKLAHOMA County of OKLAHOMA

Subscribed and sworn to before me April 13, 2016
Date

My Commission expires 1/30/19 Commission Number 15000970
Date

Kristin Madhoo
Notary Public
State of Oklahoma
Commission Number 15000970
Commission Exp. January 30, 2019
SEAL

Kristin Madhoo

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000283

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jacobi T. Crowley

Name of Candidate as It Will Appear on Ballot

Jacobi T. Crowley

Full Legal Name of Candidate

Oklahoma State Representative - District 64

Title of Office Sought (including district, office or ward if applicable)

302 Northwest Arlington Avenue Lawton OK 73507 JC

Candidate's Address of Residence – Street, City

302 Northwest Arlington Avenue -- Lawton, Oklahoma 73507

Candidate's Mailing Address – Street or Box, City, State, Zip

(580) 354-6214 Telephone Number (Optional)

jacobicrowley@gmail.com Email Address (Optional)

jacobicrowley.com Website Address (Optional)

☑ Party Candidate **Democrat** Name of Political Party ☐ Independent ☐ Judicial

I am a registered voter in **21** Precinct **Comanche** County

Date of Birth **04/17/1992** Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/2016 Date

My commission expires 1/25/2017 Date Commission Number 13000870

T. BYAS NOTARY #13000870 SEAL EXP. 01/25/17 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

000222

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Emily G. DeLozier

Name of Candidate as It Will Appear on Ballot

Emily Gail (Woods) DeLozier

Full Legal Name of Candidate

State Representative District 66

Title of Office Sought (including district, office or ward if applicable)

516 Oak Ridge Drive, Sand Springs

Candidate's Address of Residence – Street, City

516 Oak Ridge Drive, Sand Springs, Oklahoma 74063

Candidate's Mailing Address – Street or Box, City, State, Zip

(918) 720-9914	e.g.delozier@gmail.com	N/A
Telephone Number (Optional)	**Email Address (Optional)**	**Website Address (Optional)**

[X] **Party Candidate** Republican **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 312 **Precinct** Osage **County**

Date of Birth November 16, 1947 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Emily G. DeLozier

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me April 13th, 2016 Date

My Commission expires 4.18.18 Date Commission Number 06003908

SEAL

Notary Public
State of Oklahoma
KERI PRUSSMAN
TULSA COUNTY
COMMISSION #06003908
Comm. Exp. 04-18-2018

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

000221

Steven L Dill

Name of Candidate as It Will Appear on Ballot

Steven Leroy Dill

Full Legal Name of Candidate

Oklahoma State House of Representative District 8

Title of Office Sought (including district, office or ward number if applicable)

875 west 470 rd, Pryor

Candidate's Address of Residence — Street, City

PO Box 749, Pryor, Okla 74362

Candidate's Mailing Address — Street or Box, City, State, ZIP

918-825-3107

Telephone Number (Optional)

cessnadill182@yahoo.com

Email Address (Optional)

Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 490121 Precinct Mayes County

Date of Birth 06-09-1958

Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My commission expires 03/25/20 Commission number 16003153

Date

ELISABETH BALLARD NOTARY PUBLIC # 16003153 EXP. 03/25/20 STATE OF OKLAHOMA

SEAL

Elisabeth A Ballard

Signature of Notary Public or Officer Authorized to Administer Oath

000220

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

DARRELL KNOX

Name of Candidate as It Will Appear on Ballot

DARRELL DEWAYNE KNOX

Full Legal Name of Candidate

STATE SENATOR District 11

Title of Office Sought (including district, office or ward if applicable)

1527 NORTH YUKON AVE. TULSA, OK 74127

Candidate's Address of Residence – Street, City

SAME AS ABOVE

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate DEMOCRAT ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 13 Precinct TULSA County

Date of Birth 11/08/1967

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☑ Yes ☐ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 1-19-2019 Commission Number 11000668

Date

PATRICIA A. HUSTHER NOTARY PUBLIC STATE OF OKLAHOMA #11000668 EXP. 1-19-19 SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

000220

Name of Candidate: DARRELL KNOX Title of office sought: STATE SENATOR

Criminal History Disclosure Supplement to Declaration of Candidacy

If you have been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time there is an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state, you must complete the Criminal History Disclosure Supplement form.

ACCESSORY TO A FELONY

Name of offense

03/29/1989

Date of conviction or issuance of outstanding warrant

10 YEARS

Time prescribed in judgement and sentence

TULSA COUNTY-OKLAHOMA

County and State of conviction or issuance of outstanding warrant

Name of offense

Date of conviction or issuance of outstanding warrant

Time prescribed in judgement and sentence

County and State of conviction or issuance of outstanding warrant

Name of offense

Date of conviction or issuance of outstanding warrant

Time prescribed in judgement and sentence

County and State of conviction or issuance of outstanding warrant

If more space is needed, use more than one copy of this form.

DECLARATION OF CANDIDACY

000219

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Matt Von Tungeln

Name of Candidate as It Will Appear on Ballot

Matthew David Von Tungeln

Full Legal Name of Candidate

State House of Representatives District 60

Title of Office Sought (including district, office or ward if applicable)

900 S. Country Club Road El Reno, OK 73036

Candidate's Address of Residence – Street, City

P. O. Box 1814 - Oklahoma City, OK 73101

Candidate's Mailing Address – Street or Box, City, State, Zip

4052068859 | | **voteforvontungeln.com**

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **090404** Precinct **Canadian** County

Date of Birth **February 1, 1985**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me this 13th day of April, 2016

Date

My Commission expires 4/12/20 Commission Number 12003601

Date

JULIE SCHROEDER NOTARY PUBLIC # 12003601 EXP. 04/13/20 STATE OF OKLAHOMA SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000218

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Kevin Calvey

Name of Candidate as It Will Appear on Ballot

Kevin Calvey

Full Legal Name of Candidate

State Representative, District 82

Title of Office Sought (including district, office or ward if applicable)

4244 Cherry Hill Lane, Oklahoma City

Candidate's Address of Residence – Street, City

4244 Cherry Hill Lane, Oklahoma City, OK 73120

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 550 144 **Precinct** Oklahoma **County**

Date of Birth July 13, 1966

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Kevin Calvey

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me 4-13-16

Date

My Commission expires 2-17-17 Commission Number 09001530

Date

LEE R. DENNEY DVM NOTARY PUBLIC COMM.# 09001530 EXPIRES 02/17/17 IN AND FOR STATE OF OKLAHOMA PAYNE COUNTY SEAL

Lee R. Denney

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000217

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

S. G.
Steve
~~Stephen~~ Jarman

Name of Candidate as It Will Appear on Ballot

Stephen Grant Jarman

Full Legal Name of Candidate

State Senate - District 13

Title of Office Sought (including district, office or ward if applicable)

221 Kerr Ave. Pauls Valley

Candidate's Address of Residence – Street, City

221 Kerr Ave. Pauls Valley, Oklahoma 73075

Candidate's Mailing Address – Street or Box, City, State, Zip

(405) 238-2366

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Democrat ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 18 Precinct Garvin County

Date of Birth 06, 21, 1954

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Steve Jarman

Signature of Candidate

State of Oklahoma County of Garvin

Subscribed and sworn to before me April 12, 2016
Date

My Commission expires 7/16/2019 Commission Number 15006652
Date

NOTARY 15006652 IN AND FOR STATE OF OKLAHOMA OFFICIAL SEAL Lindsey Carson Garvin County Commission Expires 7-16-2019

Lindsey Carson

SEAL Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

000216

Traci Barnes

Name of Candidate as It Will Appear on Ballot

Traci Darlynn Barnes

Full Legal Name of Candidate

State House District 3

Title of Office Sought (including district, office or ward number if applicable)

101 Woodrow Avenue Poteau OK 74953

Candidate's Address of Residence — Street, City

1702 North Broadway Poteau OK 74953

Candidate's Mailing Address — Street or Box, City, State, ZIP

918-658-5555

Telephone Number (Optional)

daysinn1@windstream.net

Email Address (Optional)

Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 400204 Precinct LeFlore County

Date of Birth 03-31-1965

Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Traci Barnes

Signature of Candidate

State of Oklahoma County of LeFlore

Subscribed and sworn to before me April 12, 2016

Date

My commission expires 7-28-2018 Commission number 14006677

Date

NOTARY PUBLIC State of OK
SHANA SUMPTER
Comm. # 14006677
Expires 07-28-2018

SEAL

Shana Sumpter

Signature of Notary Public or Officer Authorized to Administer Oath

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000215

PLEASE TYPE OR PRINT

Dennis Johnson

Name of Candidate as It Will Appear on Ballot

Dennis Lenord Johnson

Full Legal Name of Candidate

State Representative District 50 Rep

Title of Office Sought (including district, office or ward if applicable)

3512 Spencer Road, Duncan OK 73533

Candidate's Address of Residence – Street, City

3512 Spencer Road, Duncan OK 73533

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☒ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 1 Precinct Stephens County

Date of Birth 07, 22, 1953

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Dennis Johnson

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 9/28/16 Commission Number #12009181

Date

NOTARY PUBLIC SEAL OF OKLAHOMA

MARLENE LYNCH

Notary Public

State of Oklahoma

Commission # 12009181 Expires 09/28/16

Marlene Lynch

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000214

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jason Sansone

Name of Candidate as It Will Appear on Ballot

Jason Anthony Sansone

Full Legal Name of Candidate

State

Representative for House District 94

Title of Office Sought (including district, office or ward if applicable)

4009 Oakbrook Dr., Del City, OK 73115

Candidate's Address of Residence – Street, City

4009 Oakbrook Dr., Del City, OK 73115

Candidate's Mailing Address – Street or Box, City, State, Zip

(405) 568-9728 — Telephone Number (Optional)

Jason@JasonSansone.com — Email Address (Optional)

www.JasonSansone.com — Website Address (Optional)

☑ Party Candidate Republican — Name of Political Party ☐ Independent ☐ Judicial

I am a registered voter in 550033 — Precinct Oklahoma — County

Date of Birth June 18th, 1984 — Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of OKLAHOMA County of OKLAHOMA

Subscribed and sworn to before me APRIL 13, 2016 — Date

My Commission expires JULY 15, 2019 — Date Commission Number 11006437

WILL B. GRAY
Notary Public
State of Oklahoma
Commission # 11006437
My Commission Expires Jul 15, 2019
SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

NOTARY PUBLIC

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000213

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Alan Staab
Name of Candidate as It Will Appear on Ballot

Alan Robert Staab
Full Legal Name of Candidate

State Senate, District 39
Title of Office Sought (including district, office or ward number if applicable)

2128 East 26th Street, Tulsa
Candidate's Address of Residence — Street, City

2128 East 26th Street, Tulsa, OK 74114
Candidate's Mailing Address — Street or Box, City, State, ZIP

918346-8685
Telephone Number (Optional)

astaabtulsa@gmail.com
Email Address (Optional)

www.alanstaab.com
Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 65 Precinct Tulsa County

Date of Birth January, 21, 1957
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office if elected.

Alan R. Staab
Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 04/11/2016
Date

My commission expires 1/22/19 Commission number 15000719
Date

Maria Cristina Coleman
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

Maria Cristina Coleman
Notary Public
SEAL
State of Oklahoma
Commission No. 15000719
My Commission Expires 1/22/19

DECLARATION OF CANDIDACY

000212

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Scott Martin

Name of Candidate as It Will Appear on Ballot

Scott Charles Martin

Full Legal Name of Candidate

State Representative, District 46

Title of Office Sought (including district, office or ward if applicable)

2916 Stonebridge Court, Norman, OK 73071

Candidate's Address of Residence – Street, City

2916 Stonebridge Court, Norman, OK 73071

Candidate's Mailing Address – Street or Box, City, State, Zip

405-313-0646	Scott@~~ElectScottMartin.com~~ vote for	~~ElectScottMartin.com~~ vote for
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **140067** Precinct **Cleveland** County

Date of Birth **December 28, 1971**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Scott C. Martin

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 06/07/18 Commission Number 02009891

Date

CINDY SULLIVAN NOTARY PUBLIC # 02009891 EXP. 06/07/18 SEAL STATE OF OKLAHOMA

Cindy Sullivan

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000211

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Kevin Wallace

Name of Candidate as It Will Appear on Ballot

Kevin Wayne Wallace

Full Legal Name of Candidate

State Representative – House District 32

Title of Office Sought (including district, office or ward if applicable)

800471 S 3310 Rd Wellston OK 74881

Candidate's Address of Residence – Street, City

P.O. Box 367 Wellston OK 74881

Candidate's Mailing Address – Street or Box, City, State, Zip

405 823 3572 | | |

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in #8 **Precinct** Lincoln **County**

Date of Birth 01, 18, 1969

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Kevin Wallace

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me 4-12-16

Date

My Commission Expires 2-17-17 Commission Number 09001530

Date

LEE R. DENNEY JR. NOTARY PUBLIC COMM.# 09001530 EXPIRES 02/17/17 SEAL IN AND FOR STATE OF OKLAHOMA PAYNE COUNTY

Lee R. Denney Jr.

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000210 NIP

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Paul E. Schiefelbein

Name of Candidate as It Will Appear on Ballot

Paul Edward Joseph Schiefelbein

Full Legal Name of Candidate

Oklahoma Congressional District #2

Title of Office Sought (including district, office or ward if applicable)

22049 E Elephant Rock Rd Tahlequah Ok 74464

Candidate's Address of Residence – Street, City

16449 N 552 Rd Tahlequah OK 74464

Candidate's Mailing Address – Street or Box, City, State, Zip

713-502-5422 **Telephone Number (Optional)**

Schief2016@gmail.com **Email Address (Optional)**

Website Address (Optional)

☑ **Party Candidate** Democratic **Name of Political Party** ☐ **Independent** ☐ **Judicial**

I am a registered voter in 8 **Precinct** Cherokee **County**

Date of Birth 11-25-58 **Month, Day, Year**

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Paul C Schiefelbein

Signature of Candidate

State of Oklahoma County of Cherokee

Subscribed and sworn to before me April 13, 2016 **Date**

My Commission expires 3/9/17 **Date** Commission Number 09002275

Notary Public
State of Oklahoma SEAL
JOSH STAFFORD
COMMISSION #09002275
Comm. Exp. 03-09-2017

Signature of Notary Public or Officer Authorized to Administer Oath

NOTARY PUBLIC

Title of Officer (Notary Public or Other Officer)

000209

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

MARC ETTERS
Name of Candidate as It Will Appear on Ballot

MARC CHURCHILL ETTERS
Full Legal Name of Candidate

STATE HOUSE 45
Title of Office Sought (including district, office or ward number if applicable)

2151 108th Ave NE Norman, OK 73026 ME
Candidate's Address of Residence — Street, City

~~Norman, OK 73026~~ ME SAME AS ABOVE ME
Candidate's Mailing Address — Street or Box, City, State, ZIP

(405) 496-4414 ettershouse45@gmail.com
Telephone Number (Optional) Email Address (Optional) Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 25 Precinct Cleveland County

Date of Birth 10/15/1973
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Marc Etters
Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016
Date

My commission expires 1/30/19 Commission number 15000970
Date

Kristn Madhoo
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

SEAL
Kristn Madhoo
Notary Public
State of Oklahoma
Commission Number 15000970
Commission Exp. January 30, 2019

DECLARATION OF CANDIDACY

000208

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT S.V.

Steven E Vaughan
Name of Candidate as It Will Appear on Ballot

Steven Eric Vaughan
Full Legal Name of Candidate

State House of Representatives dist 37
Title of Office Sought (including district, office or ward number if applicable)

#1 Skinner Lane Ponca City, OK 74604 SV
Candidate's Address of Residence — Street, City

#1 Skinner Lane, Ponca City, OK 74604 SV
Candidate's Mailing Address — Street or Box, City, State, ZIP

580-761-1382
Telephone Number (Optional)

Email Address (Optional)

Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 360413
Precinct

Kay
County

Date of Birth 10-23-1958
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Steven E Vaughan
Signature of Candidate

State of Oklahoma County of Custer

Subscribed and sworn to before me April 12, 2016
Date

My commission expires 11-12-17
Date

Commission number 01018645

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000207

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

[redacted]. Donald [redacted] Wentroth Jr.

Name of Candidate as It Will Appear on Ballot

Donald George Wentroth Jr

Full Legal Name of Candidate

State Representative, District 100

Title of Office Sought (including district, office or ward if applicable)

7925 Michael Ct, Oklahoma City, OK 73132

Candidate's Address of Residence – Street, City

7925 Michael Ct. Oklahoma City, OK 73132

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 550158 **Precinct** Oklahoma **County**

Date of Birth June 11, 1954

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Donald George Wentroth Jr.

Signature of Candidate

State of Oklahoma County of Canadian

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 1-12-19 Commission Number 15000327

Date

Ryan Kelly

SEAL **Signature of Notary Public or Officer Authorized to Administer Oath**

Notary Public

Title of Officer (Notary Public or Other Officer)

000206

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Connie A. Parker

Name of Candidate as it Will Appear on Ballot

Constance Ann Parker

Full Legal Name of Candidate

Oklahoma House of Representative, District 33

Title of Office Sought (including district, office or ward if applicable)

3708 E. Airport Rd, Stillwater

Candidate's Address of Residence – Street, City

3708 E. Airport Rd, Stillwater, OK 74075

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 600408 **Precinct** Payne **County**

Date of Birth ~~20/03/1965~~ CAP 02/03/1965

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Constance Parker

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016
Date

My Commission expires 03/25/20 Date Commission Number 16003153

ELISABETH BALLARD NOTARY # 16003153 EXP. 03/25/20 PUBLIC STATE OF OKLAHOMA

SEAL

Elisabeth Ballard

Signature of Notary Public or Officer Authorized to Administer Oath

Universal Banker

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000205

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Willis Washington

Name of Candidate as It Will Appear on Ballot

Willis Paul Washington II

Full Legal Name of Candidate

State House of Representative District 97

Title of Office Sought (including district, office or ward if applicable)

5604 N Lottie Ave Oklahoma City, OK 73111

Candidate's Address of Residence – Street, City

5604 N Lottie Ave Oklahoma City, OK 73111

Candidate's Mailing Address -- Street or Box, City, State, Zip

(214) 417-1195 — **Telephone Number (Optional)**

willis@willisWashington.com — **Email Address (Optional)**

WillisWashington.com — **Website Address (Optional)**

☑ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 550114 **Precinct** Oklahoma **County**

Date of Birth July 28th, 1972

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Willis P. Washington II

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 8-28-19 **Date** Commission Number 03011279

LOIS A. CARR NUBINE NOTARY SEAL # 03011279 EXP. 08/28/19 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Lois A. Carr Nubine

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY 000204

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jeff Coody

Name of Candidate as It Will Appear on Ballot

Jefferson D Coody

Full Legal Name of Candidate

State Representative District 63

Title of Office Sought (including district, office or ward if applicable)

523 S Bridge Blvd Grandfield OK 73546 9DC

Candidate's Address of Residence – Street, City

Same **Grandfield, OK 73546**

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **Grandfield** 710007 9DC **Tillman**

Precinct County

Date of Birth **September 13, 1960**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Jeff Coody

Signature of Candidate

State of Oklahoma County of Custer

Subscribed and sworn to before me Apr. 13, 2016

Date

My Commission expires 11-12-17 Commission Number 01015645

Date

M. Hannah Wright

SEAL Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

000203

Ryan Martinez
Name of Candidate as It Will Appear on Ballot

Ryan Levi Martinez
Full Legal Name of Candidate

Oklahoma house of Representatives District 39
Title of Office Sought (including district, office or ward if applicable)

2412 Golden Lane Edmond, Ok. 73012
Candidate's Address of Residence – Street, City

P.O. Box 31021 Edmond, OK. 73003
Candidate's Mailing Address – Street or Box, City, State, Zip

(405)509-9287 ElectRyanMartinez@gmail.com www.ElectRyanMartinez.com
Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**
Name of Political Party

I am a registered voter in 550038 **Precinct** Oklahoma **County**

Date of Birth 04/17/1985
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said ~~office~~, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13 2016
Date

My Commission expires 3-10-19 Commission Number 15002248
Date

ALEXANDRIA NAULT NOTARY PUBLIC # 15002248 EXP. 03/10/19 STATE OF OKLAHOMA

Alexandria Nault
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000202

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Tess Teague

Name of Candidate as It Will Appear on Ballot

Thessali Annette Teague

Full Legal Name of Candidate

OK House of Representatives, District 101

Title of Office Sought (including district, office or ward if applicable)

1909 Overland Trl, Choctaw

Candidate's Address of Residence – Street, City

1909 Overland Trl, Choctaw, OK, 73020

Candidate's Mailing Address – Street or Box, City, State, Zip

405-388-2700 | | www.teagueforhouse.com

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 550023 **Precinct** Oklahoma **County**

Date of Birth May 3, 1990

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 05-21-2017 **Date** Commission Number 09004346

JOLENE MAKER NOTARY SEAL # 09004348 EXP. 05/21/17 PUBLIC OF OKLAHOMA STATE

Jolene Maker

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY 000201

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

WAYNE SHAW

Name of Candidate as It Will Appear on Ballot

WAYNE EARL SHAW

Full Legal Name of Candidate

Senator District 3

Title of Office Sought (including district, office or ward if applicable)

28851 S 595 Circle GROVE OK 74344

Candidate's Address of Residence – Street, City

PO Box 6836 Grove OK 74344

Candidate's Mailing Address – Street or Box, City, State, Zip

918-787-6288 senatord3@gmail.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 21007 **Precinct** Delaware **County**

Date of Birth 1-27-46

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Wayne Shaw

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 5, 2016 **Date**

My Commission expires 7/13/17 **Date** Commission Number 05006391

SEAL

Diana J. Holladay

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000200

PLEASE TYPE OR PRINT

Al Stevens

Name of Candidate as It Will Appear on Ballot

Alvest Anthony Stevens

Full Legal Name of Candidate

Oklahoma State House District 13

Title of Office Sought (including district, office or ward if applicable)

109 W. 68th St S Muskogee

Candidate's Address of Residence – Street, City

109 W. 68th St S Muskogee, OK 74401

Candidate's Mailing Address – Street or Box, City, State, Zip

918-869-9382	alstevens79@gmail.com	alstevensforoklahoma.co
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 510055 Precinct Muskogee County

Date of Birth November 10, 1951

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Muskogee

Subscribed and sworn to before me April 5, 2016

Date

My Commission expires 4/7/20 Commission Number 08003920

Date

KARRA M. WARDOUR NOTARY PUBLIC # 08003920 EXP. 4-7-20 IN AND FOR STATE OF OKLAHOMA SEAL STATE OF OKLAHOMA

Karra M Wardour

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY 000199

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Mary Newcome-Hatch
Name of Candidate as It Will Appear on Ballot

Mary Charolette Newcome-Hatch
Full Legal Name of Candidate

Oklahoma House of Representative - District 54
Title of Office Sought (including district, office or ward number if applicable)

617 North Dallas Avenue, Moore
Candidate's Address of Residence — Street, City

617 North Dallas Avenue, Moore, Oklahoma, 73160
Candidate's Mailing Address — Street or Box, City, State, ZIP

4058150084
Telephone Number (Optional)

newcome.hatch.hd54@gmail.com
Email Address (Optional)

www.maryforOklahoma.com
Website Address (Optional)

☑ Party Candidate Democrat ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 140047 Precinct CLEVELAND County

Date of Birth September 18, 1958
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Mary C. Newcome Hatch
Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016
Date

My commission expires July 13, 2017 Commission number 05006391
Date

SEAL

Diana J. Holladay
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000198

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Melissa Tilley
Name of Candidate as It Will Appear on Ballot

Melissa Kate Tilley
Full Legal Name of Candidate

MT State House of Representative District 50
Title of Office Sought (including district, office or ward if applicable)

716 N 7th Comanche
Candidate's Address of Residence – Street, City

716 N 7th Comanche, O.K. 73529
Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | tilley.k.melissa@gmail.com **Email Address (Optional)** | **Website Address (Optional)**

[X] MT **Party Candidate** Democrat [ ] **Independent** [ ] **Judicial**
Name of Political Party

I am a registered voter in 690041 **Precinct** Stephens **County**

Date of Birth May 6, 1979
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

X Melissa Kate Tilley
Signature of Candidate

State of Oklahoma County of Stephens

Subscribed and sworn to before me 4-12-16
Date

My Commission expires 3-9-19 Commission Number 03001335
Date

Katie Harper
SEAL Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

000197

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

TREY BAKER

Name of Candidate as It Will Appear on Ballot

TREY MORGAN BAKER

Full Legal Name of Candidate

STATE REPRESENTATIVE HD 27

Title of Office Sought (including district, office or ward if applicable)

508 N. 8th ST., TECUMSEH, OK 74873

Candidate's Address of Residence – Street, City

SAME

Candidate's Mailing Address – Street or Box, City, State, Zip

405-881-4810 **Telephone Number (Optional)**

Vote4treybaker@gmail.com **Email Address (Optional)**

WWW.Vote4treybaker.com **Website Address (Optional)**

[X] **Party Candidate** REPUBLICAN **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 630029 **Precinct** POTTAWATOMIE **County**

Date of Birth 09/05/1983 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Pottawatomie

Subscribed and sworn to before me 4-11-16 **Date**

My Commission expires 10-18-18 **Date** Commission Number 06010203

REBECCA CODY NOTARY PUBLIC #06010203 EXP. 10/18/18 STATE OF OKLAHOMA

Rebecca Cody

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000196

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Kyle Hilbert

Name of Candidate as It Will Appear on Ballot

Kyle Wesley Hilbert

Full Legal Name of Candidate

Oklahoma State Representative, District 29

Title of Office Sought (including district, office or ward if applicable)

25857 S. 449th W. Ave. Depew, OK 74028

Candidate's Address of Residence – Street, City

Post Office Box 260 Depew, OK 74028

Candidate's Mailing Address – Street or Box, City, State, Zip

	khilbert@live.com	
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 190411 Precinct Creek County

Date of Birth 03/23/1994

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Kyle Hilbert

Signature of Candidate

State of Okla County of Creek

Subscribed and sworn to before me 4-13-2016

Date

My Commission expires 4-24-2016 Commission Number 00004649

Date

SHARIE CAMPBELL NOTARY PUBLIC SEAL Commission #00004649 IN AND FOR STATE OF OKLAHOMA

Sharie Campbell

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000195

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

John Waldron

Name of Candidate as It Will Appear on Ballot

John Charles Waldron

Full Legal Name of Candidate

State Senator, District 39

Title of Office Sought (including district, office or ward number if applicable)

533 S. Erie Ave. Tulsa OK 74112 JW

Candidate's Address of Residence — Street, City

~~Tulsa, OK 74112~~ same JW

Candidate's Mailing Address — Street or Box, City, State, ZIP

(918)850-8918

Telephone Number (Optional)

johnwaldron4statesenate@gmail.com

Email Address (Optional)

www.waldron4ok.com

Website Address (Optional)

☑ Party Candidate Democratic ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 720039 Precinct Tulsa County

Date of Birth July 26, 1968

Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

John Waldron

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 4/13/16

Date

My commission expires Jan 28 2017 Commission number 13000919

Date

SERGEY TATAR
NOTARY PUBLIC STATE OF OKLAHOMA
MY COMMISSION EXPIRES JAN. 28. 2017
SEAL COMMISSION # 13000919

Signature of Notary Public or Officer Authorized to Administer Oath

Assistant Manager

Title of Officer (Notary Public or Other Officer)

000194

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Bryce Marlatt

Name of Candidate as It Will Appear on Ballot

Anthony Bryce Marlatt

Full Legal Name of Candidate

State Senator District 27

Title of Office Sought (including district, office or ward if applicable)

29 Country Oaks Street, Woodward

Candidate's Address of Residence – Street, City

29 Country Oaks Street, Woodward, OK 73801

Candidate's Mailing Address – Street or Box, City, State, Zip

580-747-5323 [redacted]

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 770306 **Precinct** Woodward **County**

Date of Birth March, 29, 1977

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

A. Bryce Marlatt

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 06/07/18 Commission Number 02009891

Date

CINDY GALLIVAN NOTARY # 02009891 EXP. 06/07/18 SEAL PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000193

PLEASE TYPE OR PRINT

Nick Atwood

Name of Candidate as It Will Appear on Ballot

Nicholas Atwood

Full Legal Name of Candidate

House District 26

Title of Office Sought (including district, office or ward if applicable)

1501 N. Oklahoma, Shawnee, OK 74804

Candidate's Address of Residence – Street, City

Candidate's Mailing Address – Street or Box, City, State, Zip

405.312.8155 (Telephone Number (Optional)) | nicholas.atwood@gmail.cor (Email Address (Optional)) | www.voteforatwood.con (Website Address (Optional))

☑ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 630012 **Precinct** Pottawatomie **County**

Date of Birth October 2, 1978

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016 (Date)

My Commission expires 2/7/17 (Date) Commission Number 13001297

JENNIFER TUPPS NOTARY #13001297 EXP. 02/07/17 PUBLIC STATE OF OKLAHOMA

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

000192

Dave Rader

Name of Candidate as It Will Appear on Ballot

James David Rader

Full Legal Name of Candidate

State Senator, District 39

Title of Office Sought (including district, office or ward if applicable)

8921 S. Hudson Ave., Tulsa OK 74137

Candidate's Address of Residence – Street, City

8086 S. Yale Ave, #200 Tulsa, OK 74136

Candidate's Mailing Address – Street or Box, City, State, Zip

918-510-4283 dave@daveforsenate.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

[/] **Party Candidate** Republican **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 720 118 **Precinct** Tulsa **County**

Date of Birth 03-09-57

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [/] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

James David Rader

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016 **Date**

My Commission expires July 13, 2017 **Date** Commission Number 05006391

Diana D. Halladay

SEAL **Signature of Notary Public or Officer Authorized to Administer Oath**

Notary Public

Title of Officer (Notary Public or Other Officer)

000191

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Yasminda Choate

Name of Candidate as It Will Appear on Ballot

Yasminda Marie Choate

Full Legal Name of Candidate

State Representative, House District 28

Title of Office Sought (including district, office or ward number if applicable)

36238 State Hwy 56 Sasakwa

Candidate's Address of Residence — Street, City

36238 State Hwy 56 Sasakwa, OK 74867

Candidate's Mailing Address — Street or Box, City, State, ZIP

580-320-0355 (Telephone Number (Optional))

yasmindachoate@yasmindachoate.com (Email Address (Optional))

www.yasmindachoate.com (Website Address (Optional))

☑ Party Candidate Democratic ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 670015 (Precinct) Seminole (County)

Date of Birth August 07, 1979

Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Yasminda Choate

Signature of Candidate

State of Oklahoma County of Seminole

Subscribed and sworn to before me 13 April 2016

Date

My commission expires 06-10-17 Commission number 13005405

Date

SONNY PHILLIPS NOTARY PUBLIC SEMINOLE #13005405 Exp. 06-10-17 IN AND FOR STATE OF OKLAHOMA SEMINOLE COUNTY

Sonny Phillips

Signature of Notary Public or Officer Authorized to Administer Oath

Customer Service Rep

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000190

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

JOHN PAUL JORDAN

Name of Candidate as It Will Appear on Ballot

JOHN PAUL JORDAN

Full Legal Name of Candidate

OK HOUSE DISTRICT 43

Title of Office Sought (including district, office or ward if applicable)

610 OAK AVENUE YUKON OK 73099

Candidate's Address of Residence – Street, City

SAME JPJ

Candidate's Mailing Address – Street or Box, City, State, Zip

405-806-0787 (806-0787)

Telephone Number (Optional)

johnpauljordan@johnpauljordan.com

Email Address (Optional)

WWW.johnpauljordan.com

Website Address (Optional)

[X] **Party Candidate** REPUBLICAN [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 208 **Precinct** CANADIAN **County**

Date of Birth 02-24-81

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me 4-13-16

Date

My Commission expires 2-17-17 Commission Number 09001530

Date

LEE R. DENNEY DVM NOTARY PUBLIC COMM.# 09001530 EXPIRES 02/17/17 SEAL IN AND FOR STATE OF OKLAHOMA PAYNE COUNTY

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000189

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Larry Bush

Name of Candidate as It Will Appear on Ballot

Larry James Bush Jr.

Full Legal Name of Candidate

State Representative District 62

Title of Office Sought (including district, office or ward if applicable) UB

1820 SW 69th St Lawton OK 73505

Candidate's Address of Residence – Street, City

Lawton Oklahoma 73505

Candidate's Mailing Address – Street or Box, City, State, Zip

580-704-4668 | | |

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 160011 **Precinct** Comanche **County**

Date of Birth 9 12 73

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Comanche

Subscribed and sworn to before me 04/12/2016

Date

My Commission expires 09/03/2019 Commission Number 15008207

Date

M. PIRES-IHSAAN NOTARY PUBLIC STATE OF OKLAHOMA # 15008207 EXP 09/03/19 SEAL

M Pires-Ihsaan

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000188

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Steven McGowen

Name of Candidate as It Will Appear on Ballot

Steven Earl McGowen

Full Legal Name of Candidate

State Representative District 1

Title of Office Sought (including district, office or ward if applicable)

4636 State Highway 37, Garvin, OK 74736

Candidate's Address of Residence – Street, City

4636 State Highway 37, Garvin, OK 74736

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional): www.stevenmcgowen.c

☑ Party Candidate Republican (Name of Political Party) ☐ Independent ☐ Judicial

I am a registered voter in 450009 (Precinct) McCurtain (County)

Date of Birth December 26, 1974 (Month, Day, Year)

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Steven McGowen

Signature of Candidate

State of OKLAHOMA County of McCurtain

Subscribed and sworn to before me Steven McGowen 4-12-16
Date

My Commission expires 4/12/16 Commission Number
Date

Judith W. Dean

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

JUDITH W. SINN
IN AND FOR
#12001385
EXP. 02-12-20
SEAL
STATE OF OKLAHOMA
NOTARY PUBLIC

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

000187

RANDY BATT

Name of Candidate as It Will Appear on Ballot

RANDALL LEE BATT

Full Legal Name of Candidate

HOUSE OF REPRESENTATIVES DISTRICT 63

Title of Office Sought (including district, office or ward if applicable)

608 AUBA JANE CIRCLE CACHE, OK. 73527

Candidate's Address of Residence – Street, City

P.O. BOX 914 CACHE, OKLAHOMA 73527

Candidate's Mailing Address – Street or Box, City, State, Zip

(580)512-1733 randybatt1@yahoo.com

Telephone Number (Optional) Email Address (Optional) Website Address (Optional)

☒ Party Candidate DEMOCRATIC ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 42 Precinct COMANCHE County

Date of Birth 10-7-57

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

R Batt

Signature of Candidate

State of Oklahoma County of Comanche

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 8/25/19 Commission Number 03011213

Date

MARSHA TURNER NOTARY PUBLIC #03011213 EXP. 08/25/19 STATE OF OKLAHOMA

Marsha Turner

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000186

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Lori Decter Wright
Name of Candidate as It Will Appear on Ballot

Lori Marie Decter Wright
Full Legal Name of Candidate

State Representative for HD 67
Title of Office Sought (including district, office or ward number if applicable)

8706 E 86th Street TULSA, OK 74133 LDW
Candidate's Address of Residence — Street, City

8706 E 86th Street TULSA, OK 74133 LDW
Candidate's Mailing Address — Street or Box, City, State, ZIP

918-852-3284
Telephone Number (Optional)

loridecterwright@yahoo.com
Email Address (Optional)

WRIGHT4OK.COM
Website Address (Optional)

☑ Party Candidate Democratic ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 720135 Precinct Tulsa County

Date of Birth 11/24/1974
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Lori Decter Wright
Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 4/11/2016
Date

My commission expires 4-15-2019 Commission number 15003531
Date

Notary Public SEAL State of Oklahoma
JOHN DILL
TULSA COUNTY
COMMISSION #15003531
Comm. Exp. 04-15-2019

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public - Sr. Banker
Title of Officer (Notary Public or Other Officer)

000185

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

David Brumbaugh

Name of Candidate as It Will Appear on Ballot

David Ralph Brumbaugh

Full Legal Name of Candidate

OK State House of Representatives District 76

Title of Office Sought (including district, office or ward if applicable)

2505 W Toledo Court, Broken Arrow, OK 74012

Candidate's Address of Residence – Street, City

PO Box 364, Broken Arrow, OK 74013

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional)	Email Address (Optional)	www.brumbaugh4house. Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 720468 Precinct Tulsa County

Date of Birth December 2, 1960

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

David Brumbaugh

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 12, 2016 Date

My Commission expires 9/28/16 Date Commission Number 12009181

MARLENE LYNCH
SEAL
Notary Public
State of Oklahoma
Commission # 12009181 Expires 09/28/16

Marlene Lynch

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000184

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Dustin Roberts

Name of Candidate as It Will Appear on Ballot

Dustin Dwayne Roberts

Full Legal Name of Candidate

Dist. 21 State Representative

Title of Office Sought (including district, office or ward if applicable)

1802 Timberline Dr. Durant, OK 74701

Candidate's Address of Residence – Street, City

1802 Timberline Dr. Durant, OK 74701

Candidate's Mailing Address – Street or Box, City, State, Zip

5802308217 | | |

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 070026 (DDR) Precinct — Bryan County

Date of Birth Dec. 29, 1983

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/16

Date

My Commission expires Date — Commission Number

SEAL

MARTHA L. PERRY NOTARY PUBLIC STATE OF OKLAHOMA COMM. EXP. 07/24/19

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000183

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

CHAD CALDWELL

Name of Candidate as It Will Appear on Ballot

CHAD DAVID CALDWELL

Full Legal Name of Candidate

STATE REPRESENTATIVE - DISTRICT 40

Title of Office Sought (including district, office or ward if applicable)

2010 RAMONA DR. ENID, OK

Candidate's Address of Residence – Street, City

2010 RAMONA DR. ENID, OK 73703

Candidate's Mailing Address – Street or Box, City, State, Zip

580-234-3260 (Telephone Number (Optional)) chad@chad4ok.com (Email Address (Optional)) chad4ok.com (Website Address (Optional))

☒ Party Candidate REPUBLICAN ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 301 Precinct GARFIELD County

Date of Birth 8/18/75

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me 4-12-16 Date

My Commission expires 2-17-17 Date Commission Number 09001530

LEE R. DENNEY DVM NOTARY PUBLIC COMM.# 09001530 EXPIRES 02/17/17 SEAL IN AND FOR STATE OF OKLAHOMA PAYNE COUNTY

Lee R. Denney DVM

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000182

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Kevin McDugle
Name of Candidate as It Will Appear on Ballot

Kevin Wayne McDugle
Full Legal Name of Candidate

House of Representatives District 12
Title of Office Sought (including district, office or ward if applicable)

29521 E. 65th St. S, Broken Arrow, OK 74014
Candidate's Address of Residence – Street, City

3104 South Elm Pl. suite C, Broken Arrow, OK 74012
Candidate's Mailing Address – Street or Box, City, State, Zip

918-409-5572 | Kevin@KevinforOklahoma.com | KevinforOklahoma.com
Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**
Name of Political Party

I am a registered voter in 109 **Precinct** Wagoner **County**

Date of Birth 05/03/1967
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016
Date

~~My Commission expires~~ 1/30/19 Date Commission Number 15000970

Kristn Madhoo
Notary Public
State of Oklahoma
Commission Number 15000970
Commission Exp. January 30, 2019

Kristn Madhoo
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000181

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Dennis Casey

Name of Candidate as It Will Appear on Ballot

Dennis Ray Casey

Full Legal Name of Candidate

State House of Representatives, District 35

Title of Office Sought (including district, office or ward if applicable)

43801 S. 33800 Rd., Morrison, OK, 73061

Candidate's Address of Residence – Street, City

43801 S. 33800 Rd., Morrison, OK, 73061

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 590202 Precinct Pawnee County

Date of Birth Aug. 6, 1960

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Dennis Casey

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me 4-13-16

Date

My Commission Expires 2-17-17 Commission Number 09001530

Date

LEE R. BENNEY, DVM NOTARY PUBLIC COMM.# 09001530 EXPIRES 02/17/17 IN AND FOR STATE OF OKLAHOMA PAYNE COUNTY

Lee R. Benney

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000180

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Travis Dunlap

Name of Candidate as It Will Appear on Ballot

Travis Kyle Dunlap

Full Legal Name of Candidate

State Representative, Oklahoma House District Ten (10)

Title of Office Sought (including district, office or ward if applicable)

4936 Amherst Dr., Bartlesville

Candidate's Address of Residence – Street, City

4936 Amherst Dr. Bartlesville, OK 74006

Candidate's Mailing Address – Street or Box, City, State, Zip

(918) 886-2615 Telephone Number (Optional)

traviskdunlap@gmail.com Email Address (Optional)

TravisDunlap.com Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **13** Precinct **Washington** County

Date of Birth **September, 22, 1985**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Custer

Subscribed and sworn to before me April 13, 2016 Date

My Commission expires 11-12-17 Date Commission Number 01018445

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000179

Notice: All information provided on this form will be made publicly available

PLEASE TYPE OR PRINT

GREG Ingle

Name of Candidate as it Will Appear on Ballot

Gregory James Ingle

Full Legal Name of Candidate

State Senate District 19

Title of Office Sought (including district. office or ward if applicable)

2009 W. Cherokee, Enid

Candidate's Address of Residence – Street. City

2009 W. Cherokee, Enid Oklahoma, 73703

Candidate's Mailing Address – Street or Box. City. State. Zip

(580) 747-5052 gregingle@hotmail.com www.ingle2016.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 240201 **Precinct** Garfield **County**

Date of Birth 11/13/1990

Month. Day. Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Gregory James Ingle

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 3/13/2018 Commission Number 14002508

Date

JENNIFER DUNGAN NOTARY PUBLIC IN AND FOR STATE OF OKLAHOMA #14002508 EXP. 03/13/18

Signature of Notary Public or Officer Authorized to Administer Oath

Branch Manager Legacy Bank

Title of Officer (Notary Public or Other Officer)

000178

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Justin III Humphrey

Name of Candidate as It Will Appear on Ballot

Justin Jerome Humphrey

Full Legal Name of Candidate

State Representative District 19

Title of Office Sought (including district, office or ward if applicable)

425 Mimosa Road Lane, OK 74555

Candidate's Address of Residence – Street, City

425 Mimosa Road Lane, OK 74555

Candidate's Mailing Address – Street or Box, City, State, Zip

580-889-2277 | urgn4me@yahoo.com

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

[X] **Party Candidate** Rep — **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in Lane #03001 — **Precinct** Atoka — **County**

Date of Birth 08-17-1966

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Justin Humphrey

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/16 (Date)

My commission expires 12/22/18 (Date) Commission Number 14011346

JENNIFER SHOCKLEY NOTARY # 14011346 EXP. 12/22/18 SEAL PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Human Resources Manager

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000177

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

CHUCK STROHM

Name of Candidate as It Will Appear on Ballot

CHARLES FRED STROHM

Full Legal Name of Candidate

OK HOUSE OF REPRESENTATIVES - DIST 69

Title of Office Sought (including district, office or ward if applicable)

321 E. 112TH ST. S., JENKS OK

Candidate's Address of Residence – Street, City

PO BOX 714, JENKS OK 74037

Candidate's Mailing Address – Street or Box, City, State, Zip

918-512-1564 CSTROHM314.POL@GMAIL.COM

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)** → WWW.CHUCKSTROHM.COM

[X] **Party Candidate** REPUBLICAN [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 700 **Precinct** TULSA **County**

Date of Birth SEPT 4, 1964

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/16 Date

My Commission expires Date Commission Number

SEAL

MARTHA L. PERRY NOTARY PUBLIC #02010934 EXP. 07/23/18 STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000176

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Chris Kidd

Name of Candidate as It Will Appear on Ballot

Christopher Keith Kidd

Full Legal Name of Candidate

Senate District 31

Title of Office Sought (including district, office or ward if applicable)

3371 US Hwy 81 ~~Addinton~~ Addington-CKK Ok, 73520

Candidate's Address of Residence – Street, City

P.O Box 159 ~~Addinton Okm~~ Addington-CKK 73520 OK. CKK

Candidate's Mailing Address – Street or Box, City, State, Zip

580-228-7048 | chriskiddforsenate@gmail | chriskiddforsenate.com

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 34002 **Precinct** Jefferson **County**

Date of Birth 11/23/1979

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Christopher Kidd

Signature of Candidate

State of Oklahoma County of Grady

Subscribed and sworn to before me April 13, 2016
Date

My Commission expires 7/17/16 Commission Number 08007343
Date

ANGELA HOLLEY NOTARY # 08007343 EXP: 07/17/16 SEAL PUBLIC STATE OF OKLAHOMA

Angela Holley

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000175

PLEASE TYPE OR PRINT

Jean S. Oliver

Name of Candidate as It Will Appear on Ballot

Jean Susan Oliver

Full Legal Name of Candidate

Senator, District 29

Title of Office Sought (including district, office or ward number if applicable)

2930 Versailles Pl., Bartlesville

Candidate's Address of Residence — Street, City

PO Box 3631, Bartlesville, OK 74006

Candidate's Mailing Address — Street or Box, City, State, ZIP

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 740022 (Precinct) Washington (County)

Date of Birth 01/03/1946

Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Jean S. Oliver

Signature of Candidate

State of Oklahoma County of Washington

Subscribed and sworn to before me 12/03/2015

Date

My commission expires 04-30-2016 Commission number 08004118

Date

SEAL

Carol Randolph

Signature of Notary Public or Officer Authorized to Administer Oath

000174

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Charles Kanada
Name of Candidate as It Will Appear on Ballot

Charles Joseph Kanada
Full Legal Name of Candidate

State House of Representatives District 16
Title of Office Sought (including district, office or ward if applicable)

14449 Aster St, Henryetta
Candidate's Address of Residence – Street, City

14449 Aster St Henryetta, OK, 74437
Candidate's Mailing Address – Street or Box, City, State, Zip

(918) 759-7592 | | |
Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**
Name of Political Party

I am a registered voter in 560035 **Precinct** Okmulgee **County**

Date of Birth 02/01/1979
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Charles Kanada
Signature of Candidate

State of Oklahoma County of Okmulgee

Subscribed and sworn to before me April 13, 2016
Date

My Commission expires 12/30/2019 Commission Number 99020583
Date

ANGELA K. CRAIG NOTARY PUBLIC # 99020583 EXP. 12/30/19 SEAL STATE OF OKLAHOMA

Angela K Craig
Signature of Notary Public or Officer Authorized to Administer Oath

000173

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Marina Mangiaracina

Name of Candidate as It Will Appear on Ballot

Marina Serena Mangiaracina

Full Legal Name of Candidate

House Representative, District 99

Title of Office Sought (including district, office or ward if applicable)

504 N Bath Ave, Oklahoma City

Candidate's Address of Residence – Street, City

504 N Bath Ave, Oklahoma City, OK, ~~73165~~ 73117

Candidate's Mailing Address – Street or Box, City, State, Zip

405-830-9856 Telephone Number (Optional)

TaoNakamora@gmail.com Email Address (Optional)

facebook.com/marinaforoklahoma Website Address (Optional)

☐ Party Candidate _____ ☑ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **550239** Precinct **Oklahoma** County

Date of Birth **March 5th, 1991**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Marina Mangiaracina

Signature of Candidate

State of OK County of OK

Subscribed and sworn to before me 04/12/16

Date

My Commission expires 08/10/19 Commission Number 15007368

Date

NOTARY SEAL PUBLIC

LOAN DINH-LE

Notary Public

State of Oklahoma

Commission # 15007368 Expires 08/10/19

Loan Dinh-Le

Signature of Notary Public or Officer Authorized to Administer Oath

Clerk

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000172

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Hoguen Apperson

Name of Candidate as It Will Appear on Ballot

Hoguen Darrel Apperson

Full Legal Name of Candidate

State Representative District 7

Title of Office Sought (including district, office or ward if applicable)

65250E 300rd Grove

Candidate's Address of Residence – Street, City

P.O. Box 450164 Grove OK 74346

Candidate's Mailing Address – Street or Box, City, State, Zip

(918)314-2158 Telephone Number (Optional)

hoguenapperson@yahoo.com Email Address (Optional)

Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **6** Precinct **Delaware** County

Date of Birth **10/01/1992**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Hoguen Apperson

Signature of Candidate

State of Missouri County of McDonald

Subscribed and sworn to before me this April 12th, 2016 Date

My Commission expires 1-30-20 Date Commission Number 12419294

ANGELA M REECE Notary Public Commission # 12419294 McDonald County SEAL Notary Seal STATE OF MISSOURI My Commission Expires 01-30-2020

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000171

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

BOB JACK
Name of Candidate as It Will Appear on Ballot

ROBERT E. JACK
Full Legal Name of Candidate

OKLAHOMA STATE SENATE - DISTRICT 25
Title of Office Sought (including district, office or ward number if applicable)

11411 EAST 133RD STREET SOUTH - BROKEN ARROW
Candidate's Address of Residence — Street, City

11411 EAST 133RD STREET SOUTH - BROKEN ARROW, OK 74011
Candidate's Mailing Address — Street or Box, City, State, ZIP

918-970-6662
Telephone Number (Optional)

bob@bobjack4ok.com
Email Address (Optional)

bobjack4ok.com
Website Address (Optional)

☑ Party Candidate REPUBLICAN ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 407
Precinct

TULSA
County

Date of Birth 02/18/1949
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Robert E. Jack
Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me April 7th, 2016
Date

My commission expires 08/01/16
Date

Commission number 12007215

KELLY RUBOTTOM NOTARY # 12007215 EXPIRES 08/01/16 PUBLIC STATE OF OKLAHOMA

Kelly Rubottom
Signature of Notary Public or Officer Authorized to Administer Oath

notary public
Title of Officer (Notary Public or Other Officer)

000170

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jonathan Townsend

Name of Candidate as It Will Appear on Ballot

Jonathan St. James Townsend

Full Legal Name of Candidate

Oklahoma State House of Representative, District 73

Title of Office Sought (including district, office or ward if applicable)

3914 N. Lansing Pl. Tulsa, OK (JT)

Candidate's Address of Residence – Street, City

P.O. Box 6415 Tulsa, Ok 74148

Candidate's Mailing Address – Street or Box, City, State, Zip

918-282-2434	info@townsendfortulsa.com	townsendfortulsa.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate Democratic Party ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 4 Precinct Tulsa County

Date of Birth 08/22/1989

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Jonathan Townsend

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 4-13-2016

Date

My Commission expires 03-26-2017 Commission Number 13002868

Date

Signature of Notary Public or Officer Authorized to Administer Oath

Asst Branch Manager

Title of Officer (Notary Public or Other Officer)

Notary Public
State of Oklahoma
JARROD DUTRA
TULSA COUNTY
COMMISSION #13002868
Comm. Exp. 03-26-2017

000169

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

LYNN MEDFORD

Name of Candidate as It Will Appear on Ballot

Erskin Lynn Medford III

Full Legal Name of Candidate

State Representative; District 27

Title of Office Sought (including district, office or ward if applicable)

6800 SE 164th St. Norman

Candidate's Address of Residence – Street, City

6800 SE 164th St., Norman, OK 73071

Candidate's Mailing Address – Street or Box, City, State, Zip

405-826-2050

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **140063** Precinct **Cleveland** County

Date of Birth **March 22, 1954**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Lynn Medford III

Signature of Candidate

State of OK County of OK

Subscribed and sworn to before me 4-13-16

Date

My Commission expires 3-30-19 Commission Number 07003192

Date

STATE OF OKLAHOMA NOTARY PUBLIC #07003192 SEAL STACI HARRISON IN AND FOR

Staci Harrison

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000168

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Forrest Bennett

Name of Candidate as It Will Appear on Ballot

Forrest Welch Bennett

Full Legal Name of Candidate

Oklahoma State House District 92

Title of Office Sought (including district, office or ward if applicable)

424 SW 54th St., Oklahoma City, Oklahoma 73109

Candidate's Address of Residence – Street, City

424 SW 54th St., Oklahoma City, Oklahoma 73109

Candidate's Mailing Address – Street or Box, City, State, Zip

405-996-6900	Forrest@VoteForrest.com	VoteForrest.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate **Democrat** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **550217** Precinct **Oklahoma** County

Date of Birth **08/13/1989**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-13-16
Date

My Commission expires 8-22-18 Commission Number 2012617
Date

SEAL

Connie Riley
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

000167

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Lonnie Paxton

Name of Candidate as It Will Appear on Ballot

Lonnie John Paxton

Full Legal Name of Candidate

State Senate District 23

Title of Office Sought (including district, office or ward if applicable)

1408 State Highway 37 Tuttle, OK 73089

Candidate's Address of Residence – Street, City

PO Box 7 Tuttle, OK 73089

Candidate's Mailing Address – Street or Box, City, State, Zip

(405) 642-7275 — Telephone Number (Optional)

Paxtonsenate23@gmail.com — Email Address (Optional)

Website Address (Optional)

☑ Party Candidate **Republican** — Name of Political Party ☐ Independent ☐ Judicial

I am a registered voter in **29** Precinct **Grady** County

Date of Birth **August 8, 1968** Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016 Date

My Commission expires 7-13-17 Date Commission Number 05006391

SEAL

Diana D. Holladay
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

000166

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

James Bo Delso

Name of Candidate as It Will Appear on Ballot

James Bo Delso

Full Legal Name of Candidate

1st State House of Representative District 16

Title of Office Sought (including district, office or ward if applicable)

12985 Cherry Rd Henryetta

Candidate's Address of Residence – Street, City

12985 Cherry Rd Henryetta, Ok 74437

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 560035 **Precinct** Okmulgee **County**

Date of Birth 5/13/65

Month, Day, Year

Criminal History Disclosure:
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

James Bo Delso

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires July 13, 2017 Commission Number 05006391

Date

Diana L. Halladay

SEAL **Signature of Notary Public or Officer Authorized to Administer Oath**

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000165

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

George E. Young

Name of Candidate as It Will Appear on Ballot

George Edwin Young, Sr.

Full Legal Name of Candidate

State House of Representative District 99

Title of Office Sought (including district, office or ward if applicable)

2332 NW 121st Street, OKLAHOMA CITY, OK 73120

Candidate's Address of Residence – Street, City

~~2332 NW 121st Street~~ SAME AS ABOVE

Candidate's Mailing Address – Street or Box, City, State, Zip

405.819.3435 | george.young@okhouse.gov |

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Democratic ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 550642681 Precinct Oklahoma County

Date of Birth April, 29, 1954

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/2016 Date

My Commission expires 1/25/2017 Date Commission Number 13000870

T. BYAS NOTARY SEAL # 13000870 EXP. 01/25/17 PUBLIC OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

000164

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Paul D. Scott

Name of Candidate as It Will Appear on Ballot

Paul Daniel Scott

Full Legal Name of Candidate

State Senate, District 43

Title of Office Sought (including district, office or ward number if applicable)

4505 Copperwood, Duncan, OK

Candidate's Address of Residence — Street, City

1111 W. Willow Ste 103, Duncan, OK 73533

Candidate's Mailing Address — Street or Box, City, State, ZIP

5805124276

Telephone Number (Optional)

Email Address (Optional)

Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 690052 Precinct Stephens County

Date of Birth July, 3, 1967

Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Stephens

Subscribed and sworn to before me February 10, 2016

Date

My commission expires 11-3-17 Commission number 01016392

Date

SEAL

Stephanie K. Kendall

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000163

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Dana Murphy

Name of Candidate as It Will Appear on Ballot

Dana L. Murphy

Full Legal Name of Candidate

Corporation Commissioner

Title of Office Sought (including district, office or ward if applicable)

412 NW 146th Terrace Edmond, OK 73013

Candidate's Address of Residence – Street, City

P.O. Box 7552 Edmond, OK 73083 DLM

Candidate's Mailing Address – Street or Box, City, State, Zip

405-479-8995 **Telephone Number (Optional)**

mail@danamurphy.com **Email Address (Optional)**

danamurphy.com **Website Address (Optional)**

☒ **Party Candidate** Republican **Name of Political Party** ☐ **Independent** ☐ **Judicial**

I am a registered voter in 127 **Precinct** Oklahoma **County**

Date of Birth 12·7·59 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Dana L. Murphy

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016 **Date**

My Commission expires _____ **Date** Commission Number _____

JOYCE I. CONNER NOTARY PUBLIC STATE OF OKLAHOMA # 08001380 EXP. 01/23/16

Joyce I. Conner

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000162

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Joe Griffin

Name of Candidate as It Will Appear on Ballot

Joseph Albert Griffin

Full Legal Name of Candidate

State Representative - House District 92

Title of Office Sought (including district, office or ward if applicable)

404 SW 65th St. Oklahoma City, 73139

Candidate's Address of Residence – Street, City

404 SW 65th St. Oklahoma City, OK 73139

Candidate's Mailing Address – Street or Box, City, State, Zip

405-486-9525 (Telephone Number (Optional))

jgriffinokc@gmail.com (Email Address (Optional))

www.joeforoklahoma.com (Website Address (Optional))

☒ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 217 **Precinct** Oklahoma Co. **County**

Date of Birth 12/20/1979

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Joseph A Griffin

Signature of Candidate

State of OKLAHOMA County of OKLAHOMA

Subscribed and sworn to before me April 12, 2016 Date

My Commission expires 5/29/16 Date Commission Number 08005276

GLYNDA REPPOND NOTARY # 08005276 EXP. 05/29/16 PUBLIC STATE OF OKLAHOMA

SEAL

Glynda Reppond

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000161

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

RANDE Worthen

Name of Candidate as It Will Appear on Ballot

RANDE A. Worthen

Full Legal Name of Candidate

2nd State House Rep. Dist. 64

Title of Office Sought (including district, office or ward if applicable)

2604 N.E. Cache Rd Lawton

Candidate's Address of Residence – Street, City

2811 N.E. Coronado Lawton, OK 73507

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 31 **Precinct** Comanche **County**

Date of Birth 7/16/1956

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Rande Worthen

Signature of Candidate

State of Oklahoma County of Comanche

Subscribed and sworn to before me 04/07/2016 **Date**

My Commission expires 10/14/2016 **Date** Commission Number 08010643

OFFICIAL SEAL
JESSICA MULLENNIX
Notary Public Oklahoma
Comanche County
My Comm. Exp. 10/14/2016
Commission #08010643

Jessica Mullennix

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY 000160

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jeremy Coleman

Name of Candidate as It Will Appear on Ballot

Jeremy Wayde Coleman

Full Legal Name of Candidate

House of Rep. District 41

Title of Office Sought (including district, office or ward if applicable)

[redacted] 620 Van Buren Ave NW

Candidate's Address of Residence – Street, City

[redacted] Piedmont, OK 73078

Candidate's Mailing Address – Street or Box, City, State, Zip

405-202-5140 jeremyC@putnamcityschools.org Colemanforoklahoma.org

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

Jeremy@ColemanforOklahoma.org

[X] **Party Candidate** Republican [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 90504 **Precinct** Canadian **County**

Date of Birth 9/27/88

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 7/2/18 Date

My Commission expires 7/21/18 Date Commission Number 14006361

PAIGE JOHNSON NOTARY PUBLIC #14006361 EXP. 07/21/18 SEAL STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000159

PLEASE TYPE OR PRINT

Scott Fetgatter
Name of Candidate as It Will Appear on Ballot

David Scott Fetgatter
Full Legal Name of Candidate

Oklahoma House District 16
Title of Office Sought (including district, office or ward number if applicable)

411 S. Mission, Okmulgee, Ok 74447
Candidate's Address of Residence — Street, City

PO Box 576, Okmulgee, OK 74447
Candidate's Mailing Address — Street or Box, City, State, ZIP

918-759-0178 Telephone Number (Optional)

fetgatters@gmail.com Email Address (Optional)

Website Address (Optional)

☑ Party Candidate Republican Name of Political Party ☐ Independent ☐ Judicial

I am a registered voter in 560012 Precinct Okmulgee County

Date of Birth 7-4-68 Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

David Scott Fetgatter
Signature of Candidate

State of OKLAHOMA County of OKLAHOMA

Subscribed and sworn to before me April 13, 2016 Date

My commission expires 1/30/19 Date Commission number 15000970

SEAL

Kristn Madhox
Signature of Notary Public or Deputy Authorized to Administer Oath

Kristn Madhox
Notary Public
State of Oklahoma
Commission Number 15000970
Commission Exp. January 30, 2019

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000158

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

James Albert Campbell
Name of Candidate as It Will Appear on Ballot

James Albert Campbell
Full Legal Name of Candidate

State Representative - House District 19
Title of Office Sought (including district, office or ward if applicable)

1962 E 2110 RD, Hugo, OK 74743
Candidate's Address of Residence – Street, City

1962 E 2110 RD, Hugo, OK 74743
Candidate's Mailing Address – Street or Box, City, State, Zip

580.372.8090 (Telephone Number (Optional)) jacforhd19@gmail.com (Email Address (Optional)) (Website Address (Optional))

[✓] Party Candidate Democratic [ ] Independent [ ] Judicial
Name of Political Party

I am a registered voter in 120208 Precinct Choctaw County

Date of Birth 10/19/1976
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [✓] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-13-16
Date

My Commission expires 8-22-18 Date Commission Number 2012617

SEAL

Connie Riley
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000157

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

John Michael Montgomery

Name of Candidate as It Will Appear on Ballot

John Michael Montgomery

Full Legal Name of Candidate

State Representative - District 62

Title of Office Sought (including district, office or ward if applicable)

208 SW 78th Street Lawton 73505

Candidate's Address of Residence – Street, City

6921 West Gore Blvd. Apt. 518 Lawton, OK 73505

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 160009 **Precinct** Comanche **County**

Date of Birth 08/13/1991

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

John Michael Montgomery

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me 4-13-16

Date

My Commission expires 2-17-17 Commission Number 09001530

Date

LEE R. DENNEY DVM NOTARY PUBLIC COMM.# 09001530 EXPIRES 02/17/17 SEAL IN AND FOR STATE OF OKLAHOMA PAYNE COUNTY

Lee R. Denney DVM

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000156

PLEASE TYPE OR PRINT

Bruce Lee Smith
Name of Candidate as It Will Appear on Ballot

Bruce Lee Smith
Full Legal Name of Candidate

State Representative 87
Title of Office Sought (including district, office or ward number if applicable)

4501 Hayden Lane OKC, OK
Candidate's Address of Residence — Street, City

P.O. Box 75727 OKC, OK 73147
Candidate's Mailing Address — Street or Box, City, State, ZIP

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 550176 Precinct, Oklahoma County

Date of Birth 5-12-53
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of OKLAHOMA County of OKLAHOMA

Subscribed and sworn to before me April 13, 2016
Date

My commission expires Jan. 30/2019 Commission number 15000970

Kristn Madhoo Notary Public State of Oklahoma SEAL Commission Number 15000970 Commission Exp. January 30, 2019

Kristn Madhoo
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

NIP

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000155

PLEASE TYPE OR PRINT

Rick Poplin

Name of Candidate as It Will Appear on Ballot
Richard Wayne Poplin

Full Legal Name of Candidate
State Senate, District 39

Title of Office Sought (including district, office or ward if applicable)
2606 E 22nd Place, Tulsa

Candidate's Address of Residence – Street, City
2606 E 22nd Place, Tulsa, OK, 74114

Candidate's Mailing Address – Street or Box, City, State, Zip

918-633-0242	rick.poplin@me.com	
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in **71** Precinct **Tulsa** County

Date of Birth **July, 22, 1969**
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Richard W. Poplin
Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me April 12, 2016 e
Date

My Commission expires _____ Commission Number _____
Date

Kim Montgomery
Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

Notary Public
State of Oklahoma
KIM MONTGOMERY
TULSA COUNTY
COMMISSION #04005453
Comm. Exp. 06-18-2016

DECLARATION OF CANDIDACY

000154

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Don Sherry

Name of Candidate as It Will Appear on Ballot

Don Eugene Sherry

Full Legal Name of Candidate

State Senate--District 47

Title of Office Sought (including district, office or ward if applicable)

1408 NW 147th Street, Edmond

Candidate's Address of Residence – Street, City

1408 NW 147th Street, Edmond OK 73013

Candidate's Mailing Address – Street or Box, City, State, Zip

405-778-5920 **Telephone Number (Optional)**

don@sherryforstatesenate.com **Email Address (Optional)**

www.sherryforstatesenate.com **Website Address (Optional)**

☑ **Party Candidate** Democrat **Name of Political Party** ☐ **Independent** ☐ **Judicial**

I am a registered voter in 550128 **Precinct** Oklahoma **County**

Date of Birth 02/03/1952 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

DV Don Sherry

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/4/2016 Date

My Commission expires 06/26/2018 Date Commission Number 14005708

BRANDY NORRIS NOTARY PUBLIC No. 14005708 EXP. 06/26/2018 IN AND FOR STATE OF OKLAHOMA SEAL

Brandy Norris

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000153

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Stephen Highers

Name of Candidate as It Will Appear on Ballot

Stephen Ross Highers

Full Legal Name of Candidate

Senate District 9

Title of Office Sought (including district, office or ward if applicable)

726 Meadows Circle Tahlequah, OK 74464

Candidate's Address of Residence – Street, City

726 Meadows Circle Tahlequah, OK 74464

Candidate's Mailing Address – Street or Box, City, State, Zip

918-931-1700 Telephone Number (Optional)

stephenhighers@gmail.com Email Address (Optional)

www.stephenhighers.com Website Address (Optional)

☑ Party Candidate **Democrat** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **20** Precinct **Cherokee** County

Date of Birth **01-05-1983**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me 4-13-16 Date

My Commission expires 6-16-19 Date Commission Number 15005562

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

JOSHUA STICKNEY NOTARY PUBLIC # 15005562 EXP. 06/16/19 STATE OF OKLAHOMA SEAL

DECLARATION OF CANDIDACY

000152

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jeff Tallent

Name of Candidate as It Will Appear on Ballot

Henry Jefferson Tallent

Full Legal Name of Candidate

Senator, District #41

Title of Office Sought (including district, office or ward if applicable)

1620 Ridgecrest, Edmond, OK 73013

Candidate's Address of Residence – Street, City

1620 Ridgecrest Edmond, OK 73013

Candidate's Mailing Address – Street or Box, City, State, Zip

(405) 973-6927 jefftallent2@aol.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

[X] **Party Candidate** Republican [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 550061 **Precinct** Oklahoma **County**

Date of Birth 05/26/1945

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Jeff Tallent

Signature of Candidate

State of OK County of OK

Subscribed and sworn to before me 4/8/16

Date

My Commission expires 11/25/19 Commission Number 11000771

Date

WILLIAM H. SANFORD JR. NOTARY PUBLIC STATE OF OKLAHOMA #11000771 EXP. 11/25/19 SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

NOTARY

Title of Officer (Notary Public or Other Officer)

NP

DECLARATION OF CANDIDACY

000151

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Millie Hardesty York

Name of Candidate as It Will Appear on Ballot

Permelia Carol York

Full Legal Name of Candidate

HD - 71 - House of Representatives

Title of Office Sought (including district, office or ward if applicable)

3020 S. Boston Pl. Tulsa, OK 74114

Candidate's Address of Residence – Street, City

Same

Candidate's Mailing Address – Street or Box, City, State, Zip

918-698-5307 | | |

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

[X] **Party Candidate** Democrat [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 720062 **Precinct** Tulsa **County**

Date of Birth 5/30/1958

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me this 11th day of April, 2016.

Date

My Commission expires _____ Commission Number _____

Date

Sandra Alleman

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

SANDRA ELEMAN NOTARY PUBLIC #13009877 EXP. 10/24/2017 SEAL STATE OF OKLAHOMA

000150

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Richard Morrissette

Name of Candidate as It Will Appear on Ballot

Richard Daniel Morrissette

Full Legal Name of Candidate

Oklahoma Corporation Commissioner

Title of Office Sought (including district, office or ward if applicable)

6609 South Harvey Ave OKC, OK 73139

Candidate's Address of Residence – Street, City

P.O. Box 1704 OKC, OK 73101

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 55017 **Precinct** Oklahoma **County**

Date of Birth 4/28/56

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Richard Morrissette

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-13-16

Date

My Commission expires 8-22-18 Date Commission Number 2012617

Connie Riley

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000149

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Eric Hall

Name of Candidate as It Will Appear on Ballot

Eric Michael Hall

Full Legal Name of Candidate

State Senate District 13

Title of Office Sought (including district, office or ward if applicable)

1027 E 18th Street Ada 74820

Candidate's Address of Residence – Street, City

1027 E 18th Street Ada, Oklahoma 74820

Candidate's Mailing Address – Street or Box, City, State, Zip

580-272-3215 Telephone Number (Optional)

erichallforsenate@gmail.com Email Address (Optional)

www.erichallforsenate.co Website Address (Optional)

☑ Party Candidate **Democrat** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **620013** Precinct **Pontotoc** County

Date of Birth **July 13, 1981**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Pontotoc

Subscribed and sworn to before me April 13, 2016 Date

My Commission expires 10-07-2019 Date Commission Number 15009352

NOTARY PUBLIC-STATE OF OKLAHOMA

COMM. EXP. 10-07-2019

SEAL

JOY DAWN MILLER
COMMISSION # 15009352
PONTOTOC COUNTY

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000148

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Keith JACKSON
Name of Candidate as It Will Appear on Ballot

Keith ANDREW JACKSON
Full Legal Name of Candidate

OKlahoma STATE House of Representative Dist. 64
Title of Office Sought (including district, office or ward if applicable)

2603 NE GARDEN LANE, LAWTON
Candidate's Address of Residence – Street, City

PO BOX 3316, LAWTON, OK 73502
Candidate's Mailing Address – Street or Box, City, State, Zip

580 357-8386 KeithJackson3@SBCGlobal.net VoteKeithJackson.com
Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

[X] **Party Candidate** Republican [ ] **Independent** [ ] **Judicial**
Name of Political Party

I am a registered voter in 31 **Precinct** COMANCHE **County**

Date of Birth 05/29/1952
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Keith Jackson
Signature of Candidate

State of Oklahoma County of Comanche

Subscribed and sworn to before me 4-5-16
Date

My Commission expires 8-8-16 Commission Number 16075
Date

SEAL

Margaret A. Genbarger
Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000147

Notice: All information provided on this form will be made publicly availab...

PLEASE TYPE OR PRINT

Stacey Allen Ebert

Name of Candidate as It Will Appear on Ballot

Stacey Allen Ebert

Full Legal Name of Candidate

Senate District 5

Title of Office Sought (including district, office or ward if applicable)

702 Eight Mile Road Idabel, OK 74745

Candidate's Address of Residence – Street, City

PO Box 1052 Idabel, OK 74745

Candidate's Mailing Address – Street or Box, City, State, Zip

580-612-3272

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **democrat** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **450013** Precinct **McCurtain** County

Date of Birth **03/02/1973**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Stacey E Ebert

Signature of Candidate

State of Oklahoma County of McCurtain

Subscribed and sworn to before me April 11, 2016

Date

My Commission expires 8-14-16 Commission Number 12007642

Date

AMANDA FULLILOVE NOTARY PUBLIC IN AND FOR STATE OF OKLAHOMA #12007642 EXP. 08/14/16 SEAL

Amanda DeGier

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000146

PLEASE TYPE OR PRINT

Robyn Matthews

Name of Candidate as It Will Appear on Ballot

Robyn Denise Matthews

Full Legal Name of Candidate

State Representative, District 85

Title of Office Sought (including district, office or ward if applicable)

2225 Carlisle Road, Oklahoma City

Candidate's Address of Residence – Street, City

PO Box 54481, Oklahoma City, OK 73154

Candidate's Mailing Address – Street or Box, City, State, Zip

405-242-4094

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **550102** Precinct **Oklahoma** County

Date of Birth **September 13, 1989**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Robyn Matthews

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 06/07/18 Commission Number 02009891

Date

CINDY SULLIVAN NOTARY PUBLIC # 02009891 EXP. 06/07/18 SEAL STATE OF OKLAHOMA

Cindy Sullivan

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000145

PLEASE TYPE OR PRINT

Maria Barnes
Name of Candidate as It Will Appear on Ballot

Maria Veliz Barnes
Full Legal Name of Candidate

STate House District 72
Title of Office Sought (including district, office or ward number if applicable)

1319 S Terrace Dr Tulsa
Candidate's Address of Residence — Street, City

1319 S Terrace Dr Tulsa. Okla 74104
Candidate's Mailing Address — Street or Box, City, State, ZIP

918-706-2252 Telephone Number (Optional)

M.Veliz@sbcglobal.net Email Address (Optional)

Website Address (Optional)

☒ Party Candidate Democrat ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 720037 Precinct

Tulsa County

Date of Birth July 28. 1960
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 04/12/2016
Date

My commission expires 03/04/2017 Commission number 13002129
Date

Notary Public
State of Oklahoma
CORALITO RENTERIA
TULSA COUNTY
COMMISSION #13002129
Comm. Exp. 03-04-2017

Signature of Notary Public or Officer Authorized to Administer Oath

000144

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Toni Hasenbeck

Name of Candidate as It Will Appear on Ballot

Toni Lea Hasenbeck

Full Legal Name of Candidate

State Senate District 31

Title of Office Sought (including district, office or ward if applicable)

53 NE Windy Road Elgin

Candidate's Address of Residence – Street, City

PO Box 9 Elgin Ok 73538

Candidate's Mailing Address – Street or Box, City, State, Zip

5805913146 tonihasenbeck@gmail.com tonihasenbeck.com

Telephone Number (Optional) Email Address (Optional) Website Address (Optional)

[X] Party Candidate Republican [ ] Independent [ ] Judicial

Name of Political Party

I am a registered voter in 38 Precinct Comanche County

Date of Birth August 17, 1971

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Okla. County of Comanche

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 7-25-18 Commission Number 02010802

Date

Teresa Cain

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

TERESA COWIN NOTARY PUBLIC COMM # 02010802 EXP. 07/25/2018 IN AND FOR STATE OF OKLAHOMA SEAL

DECLARATION OF CANDIDACY

000143

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Rick West

Name of Candidate as It Will Appear on Ballot

Richard Lyle West

Full Legal Name of Candidate

State Representative District 3

Title of Office Sought (including district, office or ward if applicable)

47152 WALKER mt. Rd HEAVENER, OK 74937

Candidate's Address of Residence – Street, City

47152 WALKER mt. Rd HEAVENER, OK 74937

Candidate's Mailing Address – Street or Box, City, State, Zip

918-208-6022 — **Telephone Number (Optional)**

RWest918@windstream.Net — **Email Address (Optional) / Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 312 **Precinct** Leflore **County**

Date of Birth 02 22 53

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Rick West

Signature of Candidate

State of Oklahoma County of Leflore

Subscribed and sworn to before me 4/11/16 **Date**

My Commission expires 11/08/17 **Date** Commission Number 01017131

SEAL

LaDonna Wall

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000142

PLEASE TYPE OR PRINT

WILL FOURKILLER

Name of Candidate as It Will Appear on Ballot

WILLIAM T. FOURKILLER

Full Legal Name of Candidate

STATE REPRESENTATIVE HD 86

Title of Office Sought (including district, office or ward if applicable)

RT. 3 BOX 2410 STILWELL, OK 74960

Candidate's Address of Residence – Street, City

RT 3 BOX 2410 STILWELL, OK 74960

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** DEMOCRAT ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 01000 8 **Precinct** ADAIR **County**

Date of Birth 2-26-1972

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

William T. Fourkiller

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-12-16 **Date**

My Commission expires 8-22-18 **Date** Commission Number 2012617

Connie Riley

SEAL **Signature of Notary Public or Officer Authorized to Administer Oath**

Notary Public

Title of Officer (Notary Public or Other Officer)

000141

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Ben Scroggs

Name of Candidate as It Will Appear on Ballot

Benjamin Allen Scroggs

Full Legal Name of Candidate

Senate District 12

Title of Office Sought (including district, office or ward if applicable)

42905 W. 81st St S. Drumright, OK 74030

Candidate's Address of Residence – Street, City

P.O. Box 123 Bristow, OK 74010

Candidate's Mailing Address – Street or Box, City, State, Zip

918-688-9595 | | |

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☐ **Party Candidate** _____ ☒ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 190405 **Precinct** Creek **County**

Date of Birth 8/9/76

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Okla County of Creek

Subscribed and sworn to before me Benjamin Scroggs 4-13-16

Date

My commission expires 2-11-17 Commission Number 05001568

Date

SHARON VANORSDOL NOTARY PUBLIC #05001568 EXP. 02-11-17 IN AND FOR STATE OF OKLAHOMA SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000140

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

John Tyler Hammons
Name of Candidate as It Will Appear on Ballot

John Tyler Hammons
Full Legal Name of Candidate

State Senator District 9
Title of Office Sought (including district, office or ward number if applicable)

3401 Canterbury Muskogee
Candidate's Address of Residence — Street, City

3401 Canterbury Muskogee OK 74403
Candidate's Mailing Address — Street or Box, City, State, ZIP

918 869 2968
Telephone Number (Optional)

Email Address (Optional)

Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 510009
Precinct

Muskogee
County

Date of Birth 09-04-1988
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of OKLAHOMA County of Oklahoma

Subscribed and sworn to before me April 13, 2016
Date

My commission expires 1/30/2019
Date

Commission number 15000970

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

Kristn Madhoo
Notary Public
State of Oklahoma
Commission Number 15000970
Commission Exp. January 30, 2019

000139

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Matthew DH

DAVID ~~MATTHE~~W HULLUM

Name of Candidate as It Will Appear on Ballot

DAVID MATTHEW HULLUM

Full Legal Name of Candidate

UNITED STATES REPRESENTATIVE FOR OKLAHOMA'S 1ST CONGRESSIO

Title of Office Sought (including district, office or ward if applicable)

2419 S SAINT LOUIS AVE TULSA, OKLAHOMA 74114

Candidate's Address of Residence – Street, City

P.O. BOX 52141 TULSA, OKLAHOMA 74152

Candidate's Mailing Address – Street or Box, City, State, Zip

(918) 841-3979 | DAVIDHULLUME@PROT | _____

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☐ Party Candidate _____ ☑ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 65th Precinct TULSA County

Date of Birth NOVEMBER 13, 1982

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

David M. Hullum

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 7-21-2018 Commission Number 14001639

Date

Notary Public
State of Oklahoma
LIZ LONG
TULSA COUNTY
COMMISSION # 14001639
Comm. Exp. 07-21-2018

Liz Long

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000138

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

WAYNE HERRIMAN
Name of Candidate as It Will Appear on Ballot

CARROLL WAYNE HERRIMAN
Full Legal Name of Candidate

STATE REPRESENTATIVE DISTRICT 13
Title of Office Sought (including district, office or ward number if applicable)

9151 S. CHEROKEE STREET MUSKOGEE
Candidate's Address of Residence — Street, City

P.O. Box 1354 MUSKOGEE, OK 74402
Candidate's Mailing Address — Street or Box, City, State, ZIP

918-760 4400
Telephone Number (Optional)

wayneherriman@yahoo.com
Email Address (Optional)

Website Address (Optional)

☒ Party Candidate DEMOCRAT ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 510055
Precinct

MUSKOGEE
County

Date of Birth 9-29-1952
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No wh.

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Wayne Herriman
Signature of Candidate

State of Oklahoma County of Muskogee

Subscribed and sworn to before me 4/12/16
Date

My commission expires July 10, 2019 Commission number 15006352
Date

JOEL GAYLOR NOTARY No. 15006352 My Comm. Expires July 10, 2019 PUBLIC MUSKOGEE COUNTY, OK

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

137

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Dennis Hartney

Name of Candidate as It Will Appear on Ballot

Dennis James Hartney

Full Legal Name of Candidate

Oklahoma House of Representatives, District 78

Title of Office Sought (including district, office or ward if applicable)

9035 East 40 Place TULSA, OKLA. 74145-3708 DH

Candidate's Address of Residence – Street, City

DH ~~Tulsa, Oklahoma 74145-3708~~ SAME AS ABOVE DH

Candidate's Mailing Address – Street or Box, City, State, Zip

918-231-9328	dennishartney@gmail.com	hartneyforok78.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate **Democrat** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **720095** Precinct **Tulsa** County

Date of Birth **August 5, 1960**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Dennis James Hartney

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 4/11/14 Date

My Commission expires 7/30/16 Date Commission Number 12007109

JESSICA EDWARDS NOTARY # 12007109 SEAL EXP. 07/30/16 PUBLIC STATE OF OKLAHOMA

Jessica Edwards

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

NIP

000136

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Joe Newhouse

Name of Candidate as It Will Appear on Ballot

William Joseph Newhouse

Full Legal Name of Candidate

State Senate District #25

Title of Office Sought (including district, office or ward if applicable)

4111 W. Laredo Pl., Broken Arrow, OK 74012

Candidate's Address of Residence – Street, City

4111 W. Laredo Pl., Broken Arrow, OK 74012

Candidate's Mailing Address – Street or Box, City, State, Zip

918-340-8636	joe@joenewhouse.com	joenewhouse.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 471 Precinct Tulsa County

Date of Birth 09/22/1977

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of OK County of Tulsa

Subscribed and sworn to before me April 8, 2016

Date

My Commission expires 12-28-2018 Commission Number 10010645

Date

DIANNA COSCIA
Notary Public
State of Oklahoma
Commission # 10010645
My Commission Expires Dec 28, 2018

SEAL

Dianna Coscia

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

000135

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Amanda J. Teegarden

Name of Candidate as It Will Appear on Ballot

Amanda Jane Teegarden

Full Legal Name of Candidate

Senate District 39

Title of Office Sought (including district, office or ward if applicable)

5820 E. 79th Place, Tulsa, OK 74136

Candidate's Address of Residence – Street, City

P.O. Box 35794, Tulsa, OK 74153

Candidate's Mailing Address – Street or Box, City, State, Zip

918-633-2020 | **info@amandateegarden.com** | **amandateegarden.com**

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **122** Precinct **Tulsa** County

Date of Birth **01/03/1956**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Amanda J. Teegarden

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me April 11, 2016 (Date)

My Commission expires 03/09/2018 (Date) Commission Number 10002010

VALERA JEAN HARRIS NOTARY PUBLIC No. 10002010 EXP. 3/09/2018 IN AND FOR STATE OF OKLAHOMA SEAL

Valera Jean Harris

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000134

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Tommy W. Nicholson

Name of Candidate as It Will Appear on Ballot

Tommy William Nicholson

Full Legal Name of Candidate

State Senate #27

Title of Office Sought (including district, office or ward if applicable)

RR 2 Box 120 Mooreland, OK 73852

Candidate's Address of Residence – Street, City

P.O. Box 880 Mooreland, OK 73852

Candidate's Mailing Address – Street or Box, City, State, Zip

580-334-8505 tommynicholson51@yahoo.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☒ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 770105 **Precinct** Woodward **County**

Date of Birth 3/10/51

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Tommy W. Nicholson

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/16

Date

My Commission expires 03/25/20 Commission Number 16003153

Date

ELISABETH BALLARD NOTARY # 16003153 EXP. 03/25/20 PUBLIC STATE OF OKLAHOMA

SEAL

Elisabeth Ballard

Signature of Notary Public or Officer Authorized to Administer Oath

Universal Banker

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000133

PLEASE TYPE OR PRINT

JOHNNY JUMP

Name of Candidate as It Will Appear on Ballot

JOHNNY LEE JUMP

Full Legal Name of Candidate

HOUSE 101

Title of Office Sought (Including district, office or ward if applicable)

14460 GLENVIEW DRIVE CHOCTAW OK 73020

Candidate's Address of Residence – Street, City

PO BOX 563 CHOCTAW OK 73020

Candidate's Mailing Address – Street or Box, City, State, Zip

405 760-8683 MOJOSPORTS@COXINET.NET

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☒ **Party Candidate** REPUBLICAN ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 550023 **Precinct** OKLAHOMA **County**

Date of Birth 1-3-54

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016
Date

My Commission expires 2/25/2019 Date Commission Number 15001813

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000132

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jacob Rosecrants

Name of Candidate as It Will Appear on Ballot

Jacob Andrew Rosecrants

Full Legal Name of Candidate

State House of Representative - District 46

Title of Office Sought (including district, office or ward if applicable)

1055 Rambling Oaks Drive, Norman

Candidate's Address of Residence – Street, City

1055 Rambling Oaks Drive Norman OK 73072

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

[X] **Party Candidate** Democratic [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 53 **Precinct** Cleveland **County**

Date of Birth 10/10/1977

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.*

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me 4-13-16 **Date**

My Commission expires 6-16-19 **Date** Commission Number 15005562

JOSHUA STICKNEY NOTARY SEAL #15005562 EXP. 06/16/19 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000131

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Juan F. Rodriguez

Name of Candidate as It Will Appear on Ballot

Juan Felipe Rodriguez

Full Legal Name of Candidate

State Senate District 31

Title of Office Sought (including district, office or ward if applicable)

5252 S W Post Oak Road, Cache

Candidate's Address of Residence – Street, City

P.O. Box 551 Cache, OK. 73527

Candidate's Mailing Address – Street or Box, City, State, Zip

(580) 704-9165 Telephone Number (Optional)

juanfrodriguez165@gmail.cc Email Address (Optional)

juan4seante.com Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **160045** Precinct **Comanche** County

Date of Birth **09/20/1962**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Comanche

Subscribed and sworn to before me 04-12-2016 Date

My Commission expires 4-10-18 Date Commission Number 02003563

JUNE BUTLER NOTARY # 02003563 EXP. 04/10/18 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000130

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

SCOTT INMAN

Name of Candidate as It Will Appear on Ballot

SCOTT MICHAEL INMAN

Full Legal Name of Candidate

OK STATE HOUSE OF REPRESENTATIVES DIST. 94

Title of Office Sought (including district, office or ward if applicable)

5220 SE 78TH ST OKC, OK 73135

Candidate's Address of Residence – Street, City

P.O. BOX 55532 DEL CITY, OK 73155

Candidate's Mailing Address – Street or Box, City, State, Zip

405-672-1197 | | |

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☒ Party Candidate DEMOCRAT ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 550250 Precinct OKLAHOMA County

Date of Birth OCT 2, 1978

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Scott Inman

Signature of Candidate

State of Oklahoma County of Mayes

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 10-26-2017 Commission Number 05009933

Date

R. Benjamin Sherrer

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

SEAL

R. BENJAMIN SHERRER
Notary Public, State of Oklahoma
Commission # 05009933
My Commission Expires October 26, 2017

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000129

PLEASE TYPE OR PRINT

Jason Dunnington

Name of Candidate as It Will Appear on Ballot

Jason Paul Dunnington

Full Legal Name of Candidate

Oklahoma House District 88

Title of Office Sought (including district, office or ward if applicable)

1620 NW 43rd Oklahoma City

Candidate's Address of Residence – Street, City

PO BOX 1240 Oklahoma City, OK, 73101

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

[X] **Party Candidate** Democrat **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 550197 **Precinct** Oklahoma **County**

Date of Birth June 27, 1977 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-13-16 **Date**

My Commission expires 8-22-18 **Date** Commission Number 2012617

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available. 000128

PLEASE TYPE OR PRINT

Jeff Ferguson

Name of Candidate as It Will Appear on Ballot

Jeffery Clyde Leaman Ferguson

Full Legal Name of Candidate

JR STATE House of Representatives District 101

Title of Office Sought (including district, office or ward if applicable)

9711 NE 2nd Pl, Midwest City

Candidate's Address of Residence – Street, City

P.O. Box 10822 Midwest City, OK 73140

Candidate's Mailing Address – Street or Box, City, State, Zip

_____ jeffergusonforok@gmail www.jeffergusonforok.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

[X] **Party Candidate** Democratic [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 550092 **Precinct** Oklahoma **County**

Date of Birth 07/19/1982

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Jeff C. Ferguson

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/16

Date

My Commission expires 03/25/2020 Commission Number 16003153

Date

ELISABETH BALLARD NOTARY # 16003153 EXP. 03/25/20 PUBLIC STATE OF OKLAHOMA

SEAL

Elisabeth Ballard

Signature of Notary Public or Officer Authorized to Administer Oath

Universal Banker

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000127

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Trey M. Gourley
Name of Candidate as It Will Appear on Ballot

Trey Michael Gourley
Full Legal Name of Candidate

State House of Representatives District 60
Title of Office Sought (including district, office or ward if applicable)

732 South Ellison Ave. El Reno
Candidate's Address of Residence – Street, City

732 South Ellison Ave. El Reno, Ok 73036
Candidate's Mailing Address – Street or Box, City, State, Zip

405-295-6598 | trey.m.gourley@my.occ.edu
Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**
Name of Political Party

I am a registered voter in 60 **Precinct** Canadian **County**

Date of Birth April 9th, 1994
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/16
Date

My commission expires 12/22/18 Commission Number 14011346
Date

JENNIFER SHOCKLEY NOTARY # 14011346 EXP. 12/22/18 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Human Resources Manager
Title of Officer (Notary Public or Other Officer)

000126

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Ronnie Kell

Name of Candidate as It Will Appear on Ballot

Ronald Gene Kell

Full Legal Name of Candidate

State Representative dist. 16

Title of Office Sought (including district, office or ward if applicable)

15570 n. 350 Rd. Boynton

Candidate's Address of Residence – Street, City

15570 n. 350 Rd. Boynton OK 74422 RK

Candidate's Mailing Address – Street or Box, City, State, Zip

918 759 0421 / ronkell1168@gmail.com / www.RonnieKell.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☑ **Party Candidate** DEMOCRAT ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 26 **Precinct** Okmulgee **County**

Date of Birth 11-18-1968

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Ronald G. Kell

Signature of Candidate

State of Oklahoma County of Okmulgee

Subscribed and sworn to before me 4/12/16 **Date**

My Commission expires 1/23/17 **Date** Commission Number 13000720

JIMMIE BRISON NOTARY SEAL # 13000720 EXP. 01/23/17 PUBLIC STATE OF OKLAHOMA

Jimmie Brison

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000125

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Darrell L. Moore
Name of Candidate as It Will Appear on Ballot

Darrell Lee Moore
Full Legal Name of Candidate

State House of Representatives - District 8
Title of Office Sought (including district, office or ward number if applicable)

414 SE 1st Street, Pryor, OK 74361
Candidate's Address of Residence — Street, City

P.O. Box 517, Pryor, OK 74362
Candidate's Mailing Address — Street or Box, City, State, ZIP

918.825.6905
Telephone Number (Optional)

darrellmoore@jralphmoorepc.com
Email Address (Optional)

www.darrellmooreforok.com
Website Address (Optional)

☑ Party Candidate Democratic Party ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 132 Precinct Mayes County

Date of Birth October 3, 1954
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Darrell L Moore
Signature of Candidate

State of Oklahoma County of Mayes

Subscribed and sworn to before me April 11, 2016
Date

My commission expires 6/25/18 Commission number 02010855
Date

CHANDA MCKINNEY NOTARY PUBLIC IN AND FOR STATE OF OKLAHOMA MAYES COUNTY SEAL

Chanda McKinney
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000124

PLEASE TYPE OR PRINT

Matt Stacy

Name of Candidate as It Will Appear on Ballot

Matthew Alan Stacy

Full Legal Name of Candidate

State Senate, District 23

Title of Office Sought (including district, office or ward if applicable)

2250 County Road 1270, Blanchard

Candidate's Address of Residence – Street, City

2250 County Road 1270, Blanchard, OK 73010

Candidate's Mailing Address – Street or Box, City, State, Zip

405-816-7228 (Telephone Number (Optional)) | (Email Address (Optional)) | MattStacyforSenate.com (Website Address (Optional))

☑ Party Candidate Republican (Name of Political Party) ☐ Independent ☐ Judicial

I am a registered voter in 260039 (Precinct) Grady (County)

Date of Birth October 18, 1979 (Month, Day, Year)

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016 (Date)

My Commission expires 06/07/18 (Date) Commission Number 02009891

CINDY SULLIVAN NOTARY # 02009891 EXP. 06/07/18 SEAL PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000123

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Miguel Najera
Name of Candidate as It Will Appear on Ballot

Miguel Ramone Najera
Full Legal Name of Candidate

State Senate District 21
Title of Office Sought (including district, office or ward if applicable)

202 E. Rogers Dr, Stillwater, OK 74075
Candidate's Address of Residence – Street, City

1910 W. 6th #196, Stillwater, OK 74074
Candidate's Mailing Address – Street or Box, City, State, Zip

580-761-4355 **Telephone Number (Optional)**
miguelnajera@gmail.com **Email Address (Optional)**
www.najeraforsenate.com **Website Address (Optional)**

☑ **Party Candidate** Republican **Name of Political Party** ☐ **Independent** ☐ **Judicial**

I am a registered voter in 6 **Precinct** Payne **County**

Date of Birth December 3, 1988
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Miguel Najera
Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me April 6, 2016
Date

My Commission expires, 3/12/2018 Commission Number 14002405
Date

FELISA MURRAY
Notary Public SEAL
State of Oklahoma
Commission # 14002405
My Commission Expires Mar 12, 2018

Felisa Murray
Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

000122

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

David S. Weir
Name of Candidate as It Will Appear on Ballot

David Stanley Weir
Full Legal Name of Candidate

State Representative House District 25
Title of Office Sought (including district, office or ward if applicable)

701 W. Kings Road Ada, OK 74820
Candidate's Address of Residence – Street, City

same as above
Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

[X] **Party Candidate** Democrat **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 620016 **Precinct** Pontotoc **County**

Date of Birth 04/16/1977 **Month, Day, Year**

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

David S. Weir
Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2014 **Date**

My Commission expires July 13 '16 **Commission Number** 05006391 **Date**

Diana K. Holladay
SEAL **Signature of Notary Public or Officer Authorized to Administer Oath**

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000121

PLEASE TYPE OR PRINT

Greg McCortney

Name of Candidate as It Will Appear on Ballot

Gregory K. McCortney

Full Legal Name of Candidate

State Senate, District 13

Title of Office Sought (including district, office or ward if applicable)

1816 E. 15th, Ada

Candidate's Address of Residence – Street, City

PO Box 2444, Ada, OK 74821

Candidate's Mailing Address – Street or Box, City, State, Zip

		gregmccortney.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 620053 Precinct Pontotoc County

Date of Birth May 30, 1974

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Pontotoc

Subscribed and sworn to before me 4-12-16

Date

My Commission expires 7-19-19 Date Commission Number 99011331

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

090120

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jay Means

Name of Candidate as It Will Appear on Ballot

Franklin Jay Means

Full Legal Name of Candidate

Oklahoma House District 93

Title of Office Sought (including district, office or ward if applicable)

5715 S. Kentucky Ave Oklahoma City Oklahoma 73119

Candidate's Address of Residence – Street, City

5715 S. Kentucky Ave Oklahoma City Oklahoma 73119

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **550520** Precinct **Oklahoma** County

Date of Birth **8/19/1961** Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Franklin Jay Means

Signature of Candidate

State of Okla County of Okla

Subscribed and sworn to before me 4-13-16 Date

My Commission expires 8-3-19 Date Commission Number

MICHELLE MCNEES NOTARY PUBLIC STATE OF OKLAHOMA #15007153 EXP. 08/03/19 IN AND FOR SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Clerk

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000119

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Ron Marlett

Name of Candidate as It Will Appear on Ballot

Ronald Dean Marlett

Full Legal Name of Candidate

State House of Representatives District 84

Title of Office Sought (including district, office or ward if applicable)

5736 NW 46th, Warr Acres, OK 73122

Candidate's Address of Residence – Street, City

5736 NW 46th, Warr Acres, OK 73122

Candidate's Mailing Address – Street or Box, City, State, Zip

405-254-7568 **Telephone Number (Optional)**

ronmarlett1949@gmail.com **Email Address (Optional)**

voteronmarlett.com **Website Address (Optional)**

☑ **Party Candidate** Democratic Party **Name of Political Party** ☐ **Independent** ☐ **Judicial**

I am a registered voter in 11 **Precinct** Oklahoma **County**

Date of Birth January 29, 1949 **Month, Day, Year**

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Ron Marlett

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13th 2016 Date

My Commission expires 7/2/2019 Date Commission Number 15006194

Tiffany Warren

Signature of Notary Public or Officer Authorized to Administer Oath

Assistant Manager

Title of Officer (Notary Public or Other Officer)

NOTARY SEAL PUBLIC

TIFFANY WARREN
Notary Public in and for State of Oklahoma
15006194
My Commission Expires July 02, 2019

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000118

PLEASE TYPE OR PRINT

Carl Parson

Name of Candidate as It Will Appear on Ballot

Carl Dale Parson

Full Legal Name of Candidate

State Representative District #8

Title of Office Sought (including district, office or ward number if applicable)

30355 S. 4230 RD. Inola, Oklahoma 74036-5128

Candidate's Address of Residence — Street, City

30355 S. 4230 RD. Inola, Oklahoma 74036-5128

Candidate's Mailing Address — Street or Box, City, State, ZIP

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 660026 Precinct Rogers County

Date of Birth 10/10/1953

Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Carl Parson

Signature of Candidate

State of Oklahoma County of Rogers

Subscribed and sworn to before me April 11, 2016

Date

My commission expires 1-27-20 Commission number 16001030

Date

AMBER EWELL NOTARY No. 16001030 Exp. 1-27-20 PUBLIC STATE OF OKLAHOMA SEAL

Amber Ewell

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000117

PLEASE TYPE OR PRINT

Leslie Kathryn Osborn

Name of Candidate as It Will Appear on Ballot

Leslie Kathryn Osborn

Full Legal Name of Candidate

OK House of Representatives – District 47

Title of Office Sought (including district, office or ward if applicable)

1250 N. Tea Olive Way Mustang, OK 73064

Candidate's Address of Residence – Street, City

P.O. Box 1200 Mustang, OK 73064

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 090306 **Precinct** Canadian **County**

Date of Birth 10-17-63

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Leslie Kathryn Osborn

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/16

My Commission Expires 12/22/18 Commission Number 14011346

JENNIFER SHOCKLEY NOTARY # 14011346 EXP. 12/22/18 SEAL PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Human Resources Manager

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000116

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Shawn Howard

Name of Candidate as It Will Appear on Ballot

Shawn Marie Howard

Full Legal Name of Candidate

State Senate, District 13

Title of Office Sought (including district, office or ward if applicable)

17177 CR 3548, Ada

Candidate's Address of Residence – Street, City

17177 CR 3548, Ada, OK 74820

Candidate's Mailing Address – Street or Box, City, State, Zip

405-517-7136	[redacted]@gmail.c	ShawnHowardforSenate
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **620016** Precinct **Pontotoc** County

Date of Birth **March 11, 1967**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Shawn Howard

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 06/07/18 Commission Number 02009891

Date

CINDY SULLIVAN NOTARY # 02009891 SEAL EXP. 06/07/18 PUBLIC STATE OF OKLAHOMA

Cindy Sullivan

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000115

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Collin Walke

Name of Candidate as It Will Appear on Ballot

Collin Robert Walke

Full Legal Name of Candidate

State House District 87

Title of Office Sought (including district, office or ward if applicable)

5219 N. Miller Place, Oklahoma City, Ok 73112

Candidate's Address of Residence – Street, City

P.O. Box 84, Oklahoma City, Oklahoma ~~73102~~ 73101

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** Democratic ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 550195 **Precinct** Oklahoma **County**

Date of Birth 10/19/1982

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 12, 2016
Date

My Commission expires 08/12/19 Commission Number 11007366
Date

GEORGIA LEWIS NOTARY SEAL #11007366 EXP. 08/12/19 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000114

Notice: All information provided on this form will be made publicly available

PLEASE TYPE OR PRINT

Paul Sullivan

Name of Candidate as It Will Appear on Ballot

Paul Michael Sullivan

Full Legal Name of Candidate

State House of Representatives - District 69

Title of Office Sought (including district, office or ward if applicable)

416 West B St. Jenks, OK.

Candidate's Address of Residence – **Street, City**

416 West B St. Jenks, OK. 74037

Candidate's **Mailing Address – Street or Box, City, State, Zip**

918-340-8923 paulsullivanfordk69@gmail.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

[X] **Party Candidate** Democrat **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 702 **Precinct** Tulsa **County**

Date of Birth 11/21/60 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Paul Sullivan

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me April 11, 2016 **Date**

My Commission expires 8/12/19 **Date** Commission Number 15007436

DOROTHY L SULLIVAN NOTARY SEAL #15007436 EXP. 08/12/19 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000113

PLEASE TYPE OR PRINT

Lee Ann Langston

Name of Candidate as It Will Appear on Ballot

Lee Ann Langston

Full Legal Name of Candidate

Oklahoma House District 14

Title of Office Sought (including district, office or ward if applicable)

1628 N. Country Club Road, Muskogee

Candidate's Address of Residence – Street, City

1628 N. Country Club Road, Muskogee 74403

Candidate's Mailing Address – Street or Box, City, State, Zip

918-869-2205

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Democrat** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **7** Precinct **Muskogee** County

Date of Birth **03/06/1950**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of OK County of Oklahoma

Subscribed and sworn to before me 13 April 2016

Date

My Commission expires 10/3/18 Commission Number 14008918

Date

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Chris Cremin – Notary Public

Title of Officer (Notary Public or Other Officer)

CHRIS CREMIN NOTARY # 14008918 EXP. 10/03/18 PUBLIC STATE OF OKLAHOMA

000112

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Emily Virgin
Name of Candidate as It Will Appear on Ballot

Emily Marie Virgin
Full Legal Name of Candidate

Oklahoma House of Representatives, District 44
Title of Office Sought (including district, office or ward if applicable)

802 Classen Blvd, Norman, 73071
Candidate's Address of Residence – Street, City

Same as above
Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

[X] Party Candidate Democrat [ ] Independent [ ] Judicial
Name of Political Party

I am a registered voter in 14008 Precinct, Cleveland County

Date of Birth October 1, 1986
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Emily Virgin
Signature of Candidate

State of Oklahoma County of Mayes

Subscribed and sworn to before me April 12, 2016
Date

My Commission expires 10-26-2017 Date Commission Number 05009933

R. Benjamin Sherrer
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

SEAL

R. BENJAMIN SHERRER.
Notary Public, State of Oklahoma
Commission # 05009933
My Commission Expires October 26, 2017

DECLARATION OF CANDIDACY

000111

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Scott R. Biggs

Name of Candidate as It Will Appear on Ballot

Scott Robert Biggs

Full Legal Name of Candidate

State Representative HD 51

Title of Office Sought (including district, office or ward if applicable)

2115 County Street 2920 Chickasha, OK

Candidate's Address of Residence – Street, City

PO Box 601 Chickasha, OK 73023

Candidate's Mailing Address – Street or Box, City, State, Zip

405-201-5476 | | www.votescottbiggs.com

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 260028 Precinct Grady County

Date of Birth July 2, 1979

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me 4-12-16

Date

My Commission Expires 2-17-17 Commission Number 09001530

Date

LEE R. DENNEY DVM NOTARY PUBLIC COMM.# 09001530 EXPIRES 02/17/17 SEAL IN AND FOR STATE OF OKLAHOMA PAYNE COUNTY

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

110

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jon Echols

Name of Candidate as It Will Appear on Ballot

Jonathan David Echols

Full Legal Name of Candidate

Oklahoma House of Representatives District 90

Title of Office Sought (including district, office or ward if applicable)

7701 S.W. 104th St. OKC, OK 73169

Candidate's Address of Residence – Street, City

7701 S.W. 104th St. OKC, OK 73169

Candidate's Mailing Address – Street or Box, City, State, Zip

405-641-1854 Jon@jonechols.com jonechols[redacted].com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

[X] **Party Candidate** Republican **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 7 **Precinct** Cleveland **County**

Date of Birth 12-3-1979 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Jon Echols

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me 4-13-16 **Date**

My Commission expires 11-13-18 **Date** Commission Number 14010228

DIANA CHAVEZ NOTARY # 14010228 EXP. 11/13/18 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Personal Banker

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000109

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Liz George

Name of Candidate as It Will Appear on Ballot

Lysbeth Lou George

Full Legal Name of Candidate

State **Representative for House District 42**

Title of Office Sought (including district, office or ward if applicable)

1429 Bradford Place, Blanchard, OK 73010

Candidate's Address of Residence – Street, City

~~**Blanchard, OK 73010**~~ PO Box 1375, Blanchard, OK 73010

Candidate's Mailing Address – Street or Box, City, State, Zip

580-647-9626	**liz@lizforoklahoma.com**	**lizforoklahoma.com**
Telephone Number (Optional)	**Email Address (Optional)**	**Website Address (Optional)**

☑ **Party Candidate** **Democrat** ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in **Blanchard/440016** **Precinct** **McClain** **County**

Date of Birth **April 13, 1983**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Lysbeth L. George

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me 4/12/16

Date

My Commission expires 5/11/16 Commission Number 12004589

Date

OFFICIAL SEAL
TRAMELL BAKER
Commission # 12004589
Expires May 11, 2016
SEAL

Tramell Baker

Signature of Notary Public or Officer Authorized to Administer Oath

ABM

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000108

PLEASE TYPE OR PRINT

Kevin Matthews

Name of Candidate as It Will Appear on Ballot

Kevin Lydell MATTHEWS

Full Legal Name of Candidate

OKLahoma State Senator District 11

Title of Office Sought (including district, office or ward if applicable)

447 E. Latimer Street Tulsa, OK.

Candidate's Address of Residence – Street, City

Kevin Matthews for Senate P.O. Box 481084 Tulsa, OK. 74148

Candidate's Mailing Address – Street or Box, City, State, Zip

918-955-2283 Kevin.L.Matthews@Sbcglobal.net WWW.KevinMatthews.info

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

[X] **Party Candidate** DEMOCRAT [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 720014 **Precinct** TULSA **County**

Date of Birth 03-02-1960

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office if elected.

Kevin L. Matthews

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/2016 Date

My Commission expires 1/25/2017 Date Commission Number 13000870

T. BYAS NOTARY PUBLIC #13000870 EXP. 01/25/17 STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

000107

Dianna Phillips

Name of Candidate as It Will Appear on Ballot

Dianna Kay Phillips

Full Legal Name of Candidate

Oklahoma State House of Representatives District 66

Title of Office Sought (including district, office or ward if applicable)

1624 Holly Avenue, Sand Springs

Candidate's Address of Residence – Street, City

1624 Holly Avenue, Sand Springs, OK 74063

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional)	Email Address (Optional)	**www.phillipsfor66.com** Website Address (Optional)

☑ Party Candidate **Democrat** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **720857** Precinct **Tulsa** County

Date of Birth **10,21,1950**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Dianna Phillips

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 4-11-16

Date

My Commission expires 5-9-2017 Commission Number 01005614

Date

Jane Phillips

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

JANE PHILLIPS
NOTARY PUBLIC
TULSA COUNTY
STATE OF OKLAHOMA
COMMISSION NO. 01005614
EXPIRES 05-09-2017

SEAL

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

000106

Kelly Meredith

Name of Candidate as It Will Appear on Ballot

Kelly Michelle Meredith

Full Legal Name of Candidate

State House of Representatives - District 87

Title of Office Sought (including district, office or ward if applicable)

5940 NW 61st St, Warr Acres, OK 73122

Candidate's Address of Residence – Street, City

PO Box 638, Oklahoma City, OK 73101

Candidate's Mailing Address – Street or Box, City, State, Zip

405-252-0210 (Telephone Number (Optional)) | info@kellymeredithforok.cor (Email Address (Optional)) | kellymeredithforok.com (Website Address (Optional))

☑ Party Candidate Democrat ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 550014 Precinct, Oklahoma County

Date of Birth August 23, 1985

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Kelly Meredith

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 12th 2016 (Date)

My Commission expires 10-15-16 (Date) Commission Number 14009334

JOSEPH HARTMAN NOTARY #14009334 EXP. 10/15/16 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000105

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Elizabeth Larios

Name of Candidate as It Will Appear on Ballot

Elizabeth Larios Rodriguez

Full Legal Name of Candidate

Oklahoma House of Representatives, District 54

Title of Office Sought (including district, office or ward if applicable)

816 Northwest 12th Street Apt. 3, Moore, OK. 73160

Candidate's Address of Residence – Street, City

P.O. Box 95852, Oklahoma City, OK. 73143

Candidate's Mailing Address – Street or Box, City, State, Zip

(405) 838-6919	info@lariosforhouse.com	Lariosforhouse.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☐ Party Candidate _____ ☑ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 47 (Precinct) Cleveland (County)

Date of Birth May 31st, 1992

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

[signature]

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/16

Date

My Commission expires 10/15/18 Commission Number 14009334

Date

JOSEPH HARLOWN NOTARY # 14009334 EXP. 10/15/18 PUBLIC STATE OF OKLAHOMA

[signature]

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000104

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

MB

MELOYDE BLANCETT BLANCETT

Name of Candidate as It Will Appear on Ballot

MELOYDE LYNN BLANCETT

Full Legal Name of Candidate

STATE HOUSE OF REPRESENTATIVES, DIST. 78

Title of Office Sought (including district, office or ward if applicable)

1620 S. NEWPORT AVE., TULSA, OK 74120

Candidate's Address of Residence – Street, City

SAME AS ABOVE

Candidate's Mailing Address – Street or Box, City, State, Zip

918-671-4348 MELOYDE@BLANCETGROUP.COM

Telephone Number (Optional) Email Address (Optional) Website Address (Optional)

☑ Party Candidate DEMOCRATIC ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 720048 Precinct TULSA County

Date of Birth 01-24-56

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/16

Date

My Commission expires 10/15/14 Commission Number 14009334

Date

JOSEPH HARTMAN NOTARY PUBLIC STATE OF OKLAHOMA # 14009334 EXP. 10/15/14 SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

BRENDA S. Golden

Name of Candidate as It Will Appear on Ballot

Brenda Sue Golden

Full Legal Name of Candidate

House Representative for HD 11o

Title of Office Sought (including district, office or ward if applicable)

1318 E 13th Pl, Okmulgee, OK 74447

Candidate's Address of Residence – Street, City

PO Box 741, Okmulgee, OK 74447

Candidate's Mailing Address – Street or Box, City, State, Zip

(918) 758-6773 | brenda-golden@msn.com

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** DEMOCRAT ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 51o011 **Precinct** Okmulgee **County**

Date of Birth 11/10/61

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Brenda S. Golden

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me Brenda Golden 4/13/16

Date

My Commission expires 10/15/16 Commission Number 14009334

Date

JOSEPH HARTMAN NOTARY PUBLIC # 14009334 EXP. 10/15/16 SEAL STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

DECLARATION OF CANDIDACY

000102

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Carol Bush

Name of Candidate as It Will Appear on Ballot

Carol Marie Bush

Full Legal Name of Candidate

House of Representatives District 70

Title of Office Sought (including district, office or ward if applicable)

2829 East 35th Street - Tulsa

Candidate's Address of Residence – Street, City

2829 East 35th STreet, Tulsa, OK 74105

Candidate's Mailing Address – Street or Box, City, State, Zip

918-381-1961 Telephone Number (Optional)

carol.bush@cox.net Email Address (Optional)

www.votecarolbush.com Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **720073** Precinct **Tulsa** County

Date of Birth **February 23, 1961**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Carol M Bush

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 11TH day of April 2016

Date

My Commission expires July 21, 2019 Commission Number 03010002

Date

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000101

PLEASE TYPE OR PRINT

John Pfeiffer

Name of Candidate as It Will Appear on Ballot

John Christopher Pfeiffer

Full Legal Name of Candidate

State House of Representatives District 38

Title of Office Sought (including district, office or ward if applicable)

27750 North Kelley Avenue, Orlando, OK 73073

Candidate's Address of Residence – Street, City

27750 North Kelley Avenue, Orlando, OK 73073

Candidate's Mailing Address – Street or Box, City, State, Zip

405 880-3699 (Telephone Number (Optional))

johnc.pfeiffer@gmail.com (Email Address (Optional))

(Website Address (Optional))

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 420302 Precinct Logan County

Date of Birth May 9, 1986

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of OKLAHOMA County of OKLAHOMA

Subscribed and sworn to before me APRIL 12, 2016 Date

My Commission expires 05/29/16 Date Commission Number 08005276

GLYNDA REPPOND NOTARY PUBLIC STATE OF OKLAHOMA #08005276 EXP. 05/29/16 SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

NIP

DECLARATION OF CANDIDACY

000100

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jim Bridenstine

Name of Candidate as It Will Appear on Ballot

James Frederick Bridenstine

Full Legal Name of Candidate

United States Representative, OK-D1

Title of Office Sought (including district, office or ward if applicable)

10630 S Erie Pl, Tulsa, OK 74137

Candidate's Address of Residence – Street, City

PMB 230, 8086 S Yale, Tulsa, OK 74136

Candidate's Mailing Address – Street or Box, City, State, Zip

918-877-0252	jim@jimbridenstine.com	jimbridenstine.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **155** Precinct **Tulsa** County

Date of Birth **June 15, 1975**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Jim Bridenstine

Signature of Candidate

~~State of~~ _____ ~~County of~~ DISTRICT OF COLUMBIA

Subscribed and sworn to before me 3 MARCH 2016

Date

My Commission Expires 6/30/2020 Commission Number _____

Date

Jacqueline M. Greco

Signature of Notary Public or Officer Authorized to Administer Oath

NOTARY PUBLIC

Title of Officer (Notary Public or Other Officer)

JACQUELINE M. GRECO NOTARY PUBLIC DISTRICT OF COLUMBIA MY COMMISSION EXPIRES 6/30/2020 SEAL

Jacqueline M. Greco
Notary Public, District of Columbia
My Commission Expires 6/30/2020

099

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jadine Nollan

Name of Candidate as It Will Appear on Ballot

Tianna Jadine Nollan

Full Legal Name of Candidate

House of Representatives - District 66

Title of Office Sought (including district, office or ward if applicable)

1220 N Renaissance Dr, Sand Springs

Candidate's Address of Residence – Street, City

1220 N Renaissance Dr, Sand Springs OK 74063

Candidate's Mailing Address – Street or Box, City, State, Zip

918-241-3135	jadinenollan@cox.net	
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 720851 Precinct Tulsa County

Date of Birth 09/29/1958

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form:

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Jadine Nollan

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires Aug 26, 2019 Commission Number #15007936

Date

Sonya Barker

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

Sonya Barker SEAL
NOTARY PUBLIC - STATE OF OKLAHOMA
MY COMMISSION EXPIRES AUGUST 26, 2019
COMMISSION # 15007936

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000098

PLEASE TYPE OR PRINT

Rick Gilleland
Name of Candidate as It Will Appear on Ballot

Richard Clifton Gilleland, Jr.
Full Legal Name of Candidate

State Representative House District 65
Title of Office Sought (including district, office or ward number if applicable)

748 County Road 1550 Rush Springs, Oklahoma 73082
Candidate's Address of Residence — Street, City

P.O. Box 1139 Rush Springs, Oklahoma 73082-1139
Candidate's Mailing Address — Street or Box, City, State, ZIP

Telephone Number (Optional) | rickforrepok@gmail.com Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Democrat ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 260036 Precinct | Grady County

Date of Birth 12-22-1955
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Richard Gilleland
Signature of Candidate

State of Oklahoma County of Grady

Subscribed and sworn to before me 4-12-16
Date

My commission expires Oct 7, 2017 Commission number 13009275
Date

CHARLOTTE HAYES
Notary Public, State of Oklahoma
Commission # 13009275
My Commission Expires October 07, 2017

SEAL

Charlotte Hayes
Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

000097

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Rob Standridge

Name of Candidate as It Will Appear on Ballot

Robert Mathew Standridge

Full Legal Name of Candidate

State Senate, District 15

Title of Office Sought (including district, office or ward if applicable)

4732 Sundance Ct. Norman, OK 73072

Candidate's Address of Residence – Street, City

101 E. Gray Street #A Norman, OK 73069

Candidate's Mailing Address – Street or Box, City, State, Zip

[redacted] [redacted] _____

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **53** Precinct **Cleveland** County

Date of Birth **December 8, 1966**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me April 13, 2016 Date

My Commission expires Nov 20, 2019 Date Commission Number 15010552

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Personal Banker

Title of Officer (Notary Public or Other Officer)

NOTARY PUBLIC IN AND FOR STATE OF OKLAHOMA

OFFICIAL SEAL
AISHA RIVERA
Commission # 15010552
Expires November 20, 2019

DECLARATION OF CANDIDACY

000096

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Steve Day

Name of Candidate as It Will Appear on Ballot

Stephen Wayne Day

Full Legal Name of Candidate

State Representative, District 58

Title of Office Sought (including district, office or ward if applicable)

523 Comanche Drive, Woodward

Candidate's Address of Residence – Street, City

523 Comanche Drive, Woodward, OK 73801

Candidate's Mailing Address – Street or Box, City, State, Zip

580-334-6293	SteveDayHouse58@att.net	SteveDayforHouse58
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **770101** Precinct **Woodward** County

Date of Birth **July 23, 1958**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Steve Day

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 06/07/18 Commission Number 02009891

Date

CINDY SULLIVAN NOTARY # 02009891 EXP. 06/07/18 PUBLIC STATE OF OKLAHOMA SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000095

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Nick Berry

Name of Candidate as It Will Appear on Ballot

Nicholas James Wilson Berry

Full Legal Name of Candidate

Oklahoma State House of Representatives District 85

Title of Office Sought (including district, office or ward if applicable)

1131 NW 38th St Oklahoma City

Candidate's Address of Residence – Street, City

1131 NW 38th St Oklahoma City, OK 73118

Candidate's Mailing Address – Street or Box, City, State, Zip

405 779 8953 — **Telephone Number (Optional)**

nick@berryforok.com — **Email Address (Optional)**

www.berryforok.com — **Website Address (Optional)**

☑ **Party Candidate** Republican — **Name of Political Party** ☐ **Independent** ☐ **Judicial**

I am a registered voter in 198 — **Precinct** Oklahoma — **County**

Date of Birth 07/11/1991 — **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Nicholas

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/15/16 — Date

My commission expires 6/15/18 — Date — Commission Number 10004805

SHAWN B. OWENS NOTARY # 10004805 SEAL EXP. 06/15/18 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000094

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Cyndi Munson
Name of Candidate as It Will Appear on Ballot

Cyndi Ann Munson
Full Legal Name of Candidate

State Representative, House District 85
Title of Office Sought (including district, office or ward if applicable)

2712 NW 64th St., OKC, OK 73116
Candidate's Address of Residence – Street, City

PO Box 3302, OKC, OK 73103
Candidate's Mailing Address – Street or Box, City, State, Zip

405-593-8417 (Telephone Number (Optional)) info@cyndimunson.com (Email Address (Optional)) cyndimunson.com (Website Address (Optional))

[✓] Party Candidate Democrat (Name of Political Party) [ ] Independent [ ] Judicial

I am a registered voter in 99 (Precinct) Oklahoma (County)

Date of Birth 05-24-85
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [✓] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Cyndi Munson
Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me 4-12-16 (Date)

My Commission expires 6-16-2019 (Date) Commission Number 15005562

JOSHUA STICKNEY NOTARY PUBLIC # 15005562 EXP: 06/16/19 STATE OF OKLAHOMA SEAL

Joshua Stickney
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

000093

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Claudia Griffith

Name of Candidate as It Will Appear on Ballot

Claudia J. Griffith

Full Legal Name of Candidate

State House of Representatives District 45

Title of Office Sought (including district, office or ward if applicable)

5 Wildwood Court, Norman

Candidate's Address of Residence – Street, City

Box 6203, Norman, OK 73070

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Democrat ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 55 Precinct Cleveland County

Date of Birth 09-2-1950

Month, Day, Year

Criminal History Disclosure:
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Claudia Griffith

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-12-16
Date

My Commission expires 8-22-18 Commission Number 2012617
Date

SEAL

Connie Lilly

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000092

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

James Leewright

Name of Candidate as It Will Appear on Ballot

James Michael Leewright

Full Legal Name of Candidate

Oklahoma Senate, District 12

Title of Office Sought (including district, office or ward if applicable)

29000 W. Hwy 66, Bristow, OK 74010

Candidate's Address of Residence – Street, City

29000 W. Hwy 66, Bristow, OK 74010

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional)	jamesmleewright@gmail.com Email Address (Optional)	Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 190422 Precinct Creek County

Date of Birth 08/28/1971

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of OKLAHOMA County of OKLAHOMA

Subscribed and sworn to before me APRIL 5, 2016
Date

My Commission expires 5/29/16 Commission Number 08005276
Date

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

GLYNDA REPPOND NOTARY # 08005276 EXP. 05/29/16 PUBLIC STATE OF OKLAHOMA

DECLARATION OF CANDIDACY

000091

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Greg Treat

Name of Candidate as It Will Appear on Ballot

Gregory Leon Treat

Full Legal Name of Candidate

Oklahoma State Senate - District 47

Title of Office Sought (including district, office or ward if applicable)

6101 NW 162nd Street, Edmond

Candidate's Address of Residence – Street, City

PO Box 721884 Oklahoma City, OK 73172

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Republican — **Name of Political Party** ☐ **Independent** ☐ **Judicial**

I am a registered voter in 550139 — **Precinct** Oklahoma — **County**

Date of Birth May 9 1978 — **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Greg Treat

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016 — Date

My Commission expires 7-13-17 — Date — Commission Number 05006391

Dina J. Holladay

SEAL — Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000090

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Weldon Watson

Name of Candidate as It Will Appear on Ballot

Weldon Lee Watson

Full Legal Name of Candidate

STATE HOUSE DIST. 79

Title of Office Sought (including district, office or ward if applicable)

7511 S. IRVINGTON AVE, TULSA

Candidate's Address of Residence – Street, City

P.O. Box 35692, TULSA, OK, 74153

Candidate's Mailing Address – Street or Box, City, State, Zip

918-794-9644 (Telephone Number (Optional)) Watswel6@cox.net (Email Address (Optional)) (Website Address (Optional))

[X] Party Candidate REPUBLICAN [ ] Independent [ ] Judicial

Name of Political Party

I am a registered voter in 128 (Precinct) TULSA (County)

Date of Birth 12/8/47

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Weldon Watson

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me 4-13-16 (Date)

My Commission expires 2-17-17 (Date) Commission Number 09001530

LEE R. DENNEY DVM NOTARY PUBLIC COMM.# 09001530 EXPIRES 02/17/17 STATE OF OKLAHOMA PAYNE COUNTY

Lee R. Denney D.V.M.

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000089

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Tom Stites

Name of Candidate as It Will Appear on Ballot

John T. Stites III

Full Legal Name of Candidate

State Represenative District 2

Title of Office Sought (including district, office or ward if applicable)

463472 East 1055 Road Sallisaw Oklahoma 74955 JTS.

Candidate's Address of Residence – Street, City

P.O.Box 1083 Sallisaw Oklahoma 74955

Candidate's Mailing Address – Street or Box, City, State, Zip

817-312-1939 | **tomstites@att.net** | **tomstitesforok.com**

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☒ Party Candidate **Democrat** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **301** Precinct **Sequoyah** County

Date of Birth **November, 26,1955**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

John T. Stites III

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me 4-13-16 Date

My Commission expires 6-16-2019 Date Commission Number 15005562

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

JOSHUA STICKNEY NOTARY PUBLIC # 15005562 EXP. 06/16/19 STATE OF OKLAHOMA

DECLARATION OF CANDIDACY

000088

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Monroe Nichols

Name of Candidate as It Will Appear on Ballot

Monroe Nichols IV

Full Legal Name of Candidate

State Representative, District 72

Title of Office Sought (including district, office or ward if applicable)

2637 E. 4th Street, Tulsa

Candidate's Address of Residence – Street, City

2637 E. 4th Street, Tulsa, OK, 74104

Candidate's Mailing Address – Street or Box, City, State, Zip

9187205271 (Telephone Number (Optional))

monroenichols@gmail.com (Email Address (Optional))

www.monroeforoklahom (Website Address (Optional))

☑ Party Candidate Democratic (Name of Political Party) ☐ Independent ☐ Judicial

I am a registered voter in 32 (Precinct) Tulsa (County)

Date of Birth September 24, 1983 (Month, Day, Year)

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me Courtney Ferguson 4-22-16 (Date)

My Commission expires 3-2-20 (Date) Commission Number 16002360

COURTNEY FERGUSON
Notary Public SEAL
State of Oklahoma
Commission # 16002360
My Commission Expires Mar 2, 2020

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

000087

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Chris Harrison
Name of Candidate as It Will Appear on Ballot

Christopher John Harrison , Sr.
Full Legal Name of Candidate

Oklahoma House of Representatives - District 97
Title of Office Sought (including district, office or ward if applicable)

1425 N.E. 48th Street Oklahoma City , Oklahoma 73111
Candidate's Address of Residence – Street, City

1300 N. Lottie Ave Oklahoma City , Oklahoma 73111
Candidate's Mailing Address – Street or Box, City, State, Zip

405-456-9036 Telephone Number (Optional)
info@Harrisonhd97.com Email Address (Optional)
Harrisonhd97.com Website Address (Optional)

☑ Party Candidate **Democrat** ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in **550115** Precinct **Oklahoma** County

Date of Birth **December 17, 1974**
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of OK County of Oklahoma

Subscribed and sworn to before me 13 April 2016
Date

My Commission expires 10/03/18 Commission Number 14008918
Date

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

CHRIS CREMIN NOTARY # 14008918 EXP. 10/03/18 PUBLIC STATE OF OKLAHOMA

000086

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Terry O'Donnell

Name of Candidate as It Will Appear on Ballot

Terry S. O'Donnell

Full Legal Name of Candidate

House of Representatives, District 23

Title of Office Sought (including district, office or ward if applicable)

3614 N. Old Highway 66

Candidate's Address of Residence – Street, City

P.O. Box 460, Catoosa, OK 74015

Candidate's Mailing Address – Street or Box, City, State, Zip

918 574 2355 (Telephone Number (Optional))

terry.odonnell@okhouse.gov (Email Address (Optional))

(Website Address (Optional))

☒ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 10 Precinct Rogers County

Date of Birth 11/1/1963

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me April 8, 2016 (Date)

My Commission expires 10-9-2017 (Date) Commission Number 09008474

Diane Aldada

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DIANE ALDADA SEAL
Notary Public in and for
STATE OF OKLAHOMA
Commission #09008474
Expires: October 9, 2017

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available. 000085

PLEASE TYPE OR PRINT

Carl Newton
Name of Candidate as It Will Appear on Ballot

Carl Wade Newton
Full Legal Name of Candidate

State Representative, District 58
Title of Office Sought (including district, office or ward if applicable)

101 S. Tennessee, Cherokee, Ok. 73728
Candidate's Address of Residence – Street, City

PO Box 2644 Woodward, Ok. 73802
Candidate's Mailing Address – Street or Box, City, State, Zip

580-884-0869 Newton58@gmail.com
Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☒ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**
Name of Political Party

I am a registered voter in 020140 **Precinct** Alfalfa **County**

Date of Birth 01, 24, 1956
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Carl W Newton
Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016
Date

My Commission expires 1/30/19 **Date** Commission Number 15000970

SEAL

Signature of Notary Public or Other Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

Kristn Madhoo
Notary Public
State of Oklahoma
Commission Number 15000970
Commission Exp. January 30, 2019

DECLARATION OF CANDIDACY

000084

Notice: All Information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

GLEN MULREADY
Name of Candidate as It Will Appear on Ballot

GLEN WILLIAM MULREADY
Full Legal Name of Candidate

STATE REPRESENTATIVE - 68
Title of Office Sought (Including district, office or ward number if applicable)

660 W 77th PL TULSA 74132 pm
Candidate's Address of Residence — Street, City

SAME
Candidate's Mailing Address — Street or Box, City, State, ZIP

918 606 7752
Telephone Number (Optional)

GLEN@BPSTRATEGIES.NET
Email Address (Optional)

GLENMULREADY FOR STATE REPRESENTATIVE FACEBOOK
Website Address (Optional)

☑ Party Candidate REPUBLICAN ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 145 Precinct TULSA County

Date of Birth 11/21/60
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Glen Mulready
Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/16
Date

My commission expires _____ Commission number _____

MARTHA L. PERRY NOTARY PUBLIC STATE OF OKLAHOMA #02010945 EXP. 07/20/18

Martha L. Perry
Signature of Notary Public or Officer Authorized to Administer Oath

SEAL

Title of Officer (Notary Public or Other Officer)

I

DECLARATION OF CANDIDACY

000083

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Chuck Hoskin

Name of Candidate as It Will Appear on Ballot

Charles Thomas Hoskin

Full Legal Name of Candidate

State Representative, District 6

Title of Office Sought (including district, office or ward if applicable)

339 N. Adair St. Vinita

Candidate's Address of Residence – Street, City

P.O. Box 941 Vinita, OK 74301

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 190621 **Precinct** Craig **County**

Date of Birth January 29, 1952

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Chuck Hoskin

Signature of Candidate

State of Oklahoma County of Mayes

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 10-26-2017 **Date** Commission Number 05009933

R. Benjamin Sherrer

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

SEAL

R. BENJAMIN SHERRER
Notary Public, State of Oklahoma
Commission # 05009933
My Commission Expires October 26, 2017

DECLARATION OF CANDIDACY

000082

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Dewey Harrison
Name of Candidate as It Will Appear on Ballot

Dewey Gene Harrison
Full Legal Name of Candidate

State Representative District 3
Title of Office Sought (including district, office or ward number if applicable)

33241 Harrison Ln Poteau
Candidate's Address of Residence — Street, City

33241 Harrison Ln Poteau, Ok 74953
Candidate's Mailing Address — Street or Box, City, State, ZIP

918-721-4373
Telephone Number (Optional)

dgh3161@gmail.com
Email Address (Optional)

Website Address (Optional)

☐ Party Candidate _____ ☑ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 400207
Precinct

LeFlore
County

Date of Birth 11/25/1946
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Dewey Harrison
Signature of Candidate

State of Oklahoma County of LeFlore

Subscribed and sworn to before me 4-12-16
Date

My commission expires _____
Date

Commission number _____

NOTARY PUBLIC State of OK
JERRY L. FORD
Comm. # 06001262
Expires 01-31-2018
SEAL

Jerry L. Ford
Signature of Notary Public or Officer Authorized to Administer Oath

Notary
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000081

PLEASE TYPE OR PRINT

ANNA DEARMORE

Name of Candidate as It Will Appear on Ballot

ELIZABETH ANN DEARMORE

Full Legal Name of Candidate

HOUSE OF REPRESENTATIVES - DISTRICT 16

Title of Office Sought (including district, office or ward if applicable)

1801 S. MISSION LANE, OKMULGEE, OK 74447

Candidate's Address of Residence – Street, City

1801 S. MISSION LN., OKMULGEE, OK 74447

Candidate's Mailing Address – Street or Box, City, State, Zip

918-284-5521 ANNA@ANNAFOROKLAHOMA.COM

Telephone Number (Optional) Email Address (Optional) Website Address (Optional)

[X] Party Candidate DEMOCRAT [ ] Independent [ ] Judicial

Name of Political Party

I am a registered voter in OKMULGEE 60012 OKMULGEE

Precinct County

Date of Birth 12-30-52

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Elizabeth Ann Dearmore

Signature of Candidate

State of OKlahoma County of OKlahoma

Subscribed and sworn to before me 6/13/16

Date

My Commission expires Date 02010045 Commission Number

MARTHA L. PERRY NOTARY PUBLIC STATE OF OKLAHOMA EXP. 07/23/18

SEAL

M L Perry

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

000080

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Eric Proctor
Name of Candidate as It Will Appear on Ballot

Eric Dean Hale Proctor
Full Legal Name of Candidate

State Representative District 77
Title of Office Sought (including district, office or ward if applicable)

3932 E. 3rd St., Tulsa, OK. 74112
Candidate's Address of Residence – Street, City

3932 E. 3rd St., Tulsa, OK. 74112
Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

[✓] Party Candidate Democratic [ ] Independent [ ] Judicial
Name of Political Party

I am a registered voter in 720034 Precinct Tulsa County

Date of Birth 8, 6, 1982
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [✓] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Eric Proctor
Signature of Candidate

State of Oklahoma County of Mayes

Subscribed and sworn to before me April 12, 2016
Date

My Commission expires 10-26-2017 Date Commission Number 05009933

R. Benjamin Shearer
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

R. BENJAMIN SHEARER SEAL
Notary Public, State of Oklahoma
Commission # 05009933
My Commission Expires October 26, 2017

DECLARATION OF CANDIDACY

000079

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Tom Guild

Name of Candidate as It Will Appear on Ballot

Thomas Eugene Guild

Full Legal Name of Candidate

United States House of Representatives District 5

Title of Office Sought (including district, office or ward if applicable)

2109 Rushing Meadows, Edmond, 73013

Candidate's Address of Residence – Street, City

Same

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)
	tomguild@sbcglobal.net	www.guildforcongress.com

☑ Party Candidate **Democratic Party** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **39** Precinct **Oklahoma** County

Date of Birth **April 14, 1954**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Thomas E. Guild

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-8-2016 Date

My Commission expires 11-26-2016 Date Commission Number 12011151

Nicole Mejia

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

Notary Public SEAL
State of Oklahoma
NICOLE MEJIA
OKLAHOMA COUNTY
COMMISSION #12011151
Comm. Exp. 11-26-2016

000078

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Dan Kirby

Name of Candidate as It Will Appear on Ballot

Danny Gene Kirby

Full Legal Name of Candidate

State Representative Dist # 75

Title of Office Sought (including district, office or ward if applicable)

12208 E. 38th Pl Tulsa 74146

Candidate's Address of Residence – Street, City

Same

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☒ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 102 **Precinct** Tulsa **County**

Date of Birth 4-18-1958

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Dan Kirby

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/13/16

Date

My Commission expires 12/22/18 **Date** Commission Number 14011346

JENNIFER SHOCKLEY NOTARY PUBLIC STATE OF OKLAHOMA # 14011346 EXP. 12/22/18

Signature of Notary Public or Officer Authorized to Administer Oath

Human Resources Manager

Title of Officer (Notary Public or Other Officer)

000077

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Roger Ford

Name of Candidate as It Will Appear on Ballot

Roger Earl Ford

Full Legal Name of Candidate

State Representative, District 95

Title of Office Sought (including district, office or ward if applicable)

4908 Kennington Lane, Oklahoma City

Candidate's Address of Residence – Street, City

PO Box 10498, Midwest City, OK 73140

Candidate's Mailing Address – Street or Box, City, State, Zip

405-627-8040 Telephone Number (Optional)

RogerFordHouse95@gmail.c Email Address (Optional)

Website Address (Optional)

☑ Party Candidate **Republican** Name of Political Party ☐ Independent ☐ Judicial

I am a registered voter in **550252** Precinct **Oklahoma** County

Date of Birth **April 18, 1951** Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Roger E. Ford

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016 Date

My commission expires 06/07/18 Date Commission Number 02009891

CINDY SULLIVAN NOTARY PUBLIC # 02009891 EXP. 06/07/18 SEAL STATE OF OKLAHOMA

Cindy Sullivan

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000076

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Perry Brinegar
Name of Candidate as It Will Appear on Ballot

Perry James Brinegar JR.
Full Legal Name of Candidate

State Senate District 31
Title of Office Sought (including district, office or ward number if applicable)

5210 Sherry Lane Duncan. OK. 73533
Candidate's Address of Residence — Street, City

P. O. Le39 Duncan. OK. 73534
Candidate's Mailing Address — Street or Box, City, State, ZIP

Telephone Number (Optional)

Perrybrinegar@gmail.com
Email Address (Optional)

Website Address (Optional)

☒ Party Candidate Democrat ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in Le90014
Precinct

Stephens
County

Date of Birth 2-20-56
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Perry James Brinegar Jr.
Signature of Candidate

State of Oklahoma County of Comanche

Subscribed and sworn to before me 4/12/2016
Date

My commission expires 5/18/2019 Commission number 15004659
Date

BECKY LAWSON NOTARY #15004659 EXP: 5/18/19 PUBLIC STATE OF OKLAHOMA SEAL

Becky Lawson
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000075

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Tom Gann

Name of Candidate as It Will Appear on Ballot

Thomas Henry Gann

Full Legal Name of Candidate

State House of Representative, District 8

Title of Office Sought (including district, office or ward if applicable)

14605 E. 580 Rd. Inola, OK 74036

Candidate's Address of Residence – Street, City

PO Box 662 Inola, OK 74036

Candidate's Mailing Address – Street or Box, City, State, Zip

918.260.0858 tom.gann@gannforhouse.com www.gannforhouse.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

[X] **Party Candidate** Republican [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 660026 **Precinct** Rogers **County**

Date of Birth 1-11-59

Month, Day, Year

Criminal History Disclosure:
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Tom Gann

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 12, 2020

Date

My Commission expires _____ Commission Number _____

Date

LISE A. LOCKLEAR NOTARY # 16000705 EXP 01/22/20 PUBLIC STATE OF OKLAHOMA

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000074

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Regina Goodwin
Name of Candidate as It Will Appear on Ballot

REGINA TRUVON GOODWIN
Full Legal Name of Candidate

STATE REPRESENTATIVE HOUSE DISTRICT 73, TULSA, OK
Title of Office Sought (including district, office or ward if applicable)

762 N. Denver Ave Tulsa
Candidate's Address of Residence – Street, City

P.O. Box 1383 Tulsa OK 74101
Candidate's Mailing Address – Street or Box, City, State, Zip

9189602014 | | |
Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Democratic ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 14 Precinct Tulsa County

Date of Birth 9/22/62
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Regina Goodwin
Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/12/16
Date

My Commission expires 12/22/18 Commission Number 14011346
Date

JENNIFER SHOCKLEY NOTARY PUBLIC # 14011346 EXP. 12/22/18 STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Human Resources Manager
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000073

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Harold Wright

Name of Candidate as It Will Appear on Ballot

Glenn Harold Wright, Jr.

Full Legal Name of Candidate

Oklahoma State Representative, District 57

Title of Office Sought (including district, office or ward if applicable)

10132 Highway 54, Weatherford, OK 73096

Candidate's Address of Residence – Street, City

10132 Highway 54, Weatherford, OK 73096

Candidate's Mailing Address – Street or Box, City, State, Zip

580-772-2383

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 200019 Precinct Custer County

Date of Birth November `12, 1947

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Glenn Harold Wright, Jr.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 11 day of April 2016

Date

My Commission expires _____ Commission Number _____

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000072

Notice: All information provided on this form will be made publicly available ☐

PLEASE TYPE OR PRINT

DAVID PERRYMAN

Name of Candidate as It Will Appear on Ballot

DAVID LOUIS PERRYMAN

Full Legal Name of Candidate

OKLAHOMA STATE HOUSE OF REPRESENTATIVES - DISTRICT 56

Title of Office Sought (including district, office or ward if applicable)

689 COUNTY ROAD 1365, CHICKASHA OK

Candidate's Address of Residence – Street, City

689 COUNTY ROAD 1365, CHICKASHA OK 73018

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☒ Party Candidate DEMOCRAT ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 260027 Precinct GRADY County

Date of Birth MARCH 29, 1957

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Grady

Subscribed and sworn to before me April 11, 2015

Date

My Commission expires 5-29-17 Commission Number 09004597

Date

NOTARY PUBLIC State of Okla. SEAL SHAMORYA HAYDEN Comm. # 09004597 Expires 05-29-2017

Signature of Notary Public or Officer Authorized to Administer Oath

NOTARY PUBLIC

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000071

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Jim Beckham

Name of Candidate as It Will Appear on Ballot

James Dale Beckham

Full Legal Name of Candidate

House of Representatives District 42

Title of Office Sought (including district, office or ward if applicable)

20507 N. County Rd. 3020, Lindsay, Okla.

Candidate's Address of Residence – Street, City

PO Box 182, Lindsay, Okla. 73052

Candidate's Mailing Address – Street or Box, City, State, Zip

580 656 5055 sbeckham@pldi jimforthehouse.com

Telephone Number (Optional) Email Address (Optional) Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 250003 Precinct Garvin County

Date of Birth 11/9/1956

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Jim Beckham

Signature of Candidate

State of Oklahoma County of McClain

Subscribed and sworn to before me April 11, 2016

Date

My Commission expires 10/26/2019 Date Commission Number 07010369

Brenda J. Reardon

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

NOTARY PUBLIC SEAL BRENDA J. REARDON Notary Public in and for the State of Oklahoma Commission #07010369 My Commission expires 10/26/2019

NIP

DECLARATION OF CANDIDACY

000070

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Steve Russell

Name of Candidate as It Will Appear on Ballot

Steven Dane Russell

Full Legal Name of Candidate

5th Congressional District - US House of Representatives

Title of Office Sought (including district, office or ward if applicable)

1291 Scenic Trail, Choctaw, Oklahoma 73020

Candidate's Address of Residence – Street, City

P.O. Box 1565 Choctaw, Oklahoma 73020

Candidate's Mailing Address – Street or Box, City, State, Zip

405-708-8562 (JF) | john@newvalleyforge.com | steverussellforcongress.c

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 550020 Precinct, Oklahoma County

Date of Birth 05/25/1963

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Steve Russell

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/11/16

Date

My Commission expires 3/25/20 Commission Number 16003153

Date

ELISABETH BALLARD NOTARY # 16003153 EXP. 03/25/20 PUBLIC STATE OF OKLAHOMA

SEAL

Elisabeth Ballard

Signature of Notary Public or Officer Authorized to Administer Oath

Universal Banker

Title of Officer (Notary Public or Other Officer)

000069

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Tommy C. Hardin

Name of Candidate as It Will Appear on Ballot

Tommy Clayton Hardin

Full Legal Name of Candidate

State Representative District 49

Title of Office Sought (including district, office or ward if applicable)

14002 South Highway 377, Madill

Candidate's Address of Residence – Street, City

14002 South Highway 377, Madill, OK, 73446-9131

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **480204** Precinct **Marshall** County

Date of Birth **01/06/1962**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Tommy C. Hardin

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me 4-12-16

Date

My Commission expires 2-17-17 Commission Number 09001530

Date

LEE R. DENNEY DVM NOTARY PUBLIC COMM.# 09001530 EXPIRES 02/17/17 IN AND FOR STATE OF OKLAHOMA PAYNE COUNTY

Lee R. Denney DVM

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000068

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Julie Daniels

Name of Candidate as It Will Appear on Ballot

Julie J. Daniels

Full Legal Name of Candidate

State Senate District 29

Title of Office Sought (including district, office or ward if applicable)

2191 Kyle Road, Bartlesville, OK 74006

Candidate's Address of Residence – Street, City

2191 Kyle Road, Bartlesville, OK 74006

Candidate's Mailing Address – Street or Box, City, State, Zip

918.331.7267 | **Julie@danielsoksenate.com** | **DanielsOKSenate.com**

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **22** Precinct **Washington** County

February 12, 1954

Date of Birth

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Julie J. Daniels

Signature of Candidate

State of Oklahoma County of Washington

Subscribed and sworn to before me 4-12-2016

Date

My Commission expires 11-4-19 Commission Number 15010345

Date

CHLOE MCGEE
Notary Public
State of Oklahoma
Commission # 15010345
My Commission Expires Nov 4, 2019

SEAL

Chloe McGee

Signature of Notary Public or Officer Authorized to Administer Oath

Assistant Branch Manager, Arvest Bank

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000067

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Will Hollander

Name of Candidate as It Will Appear on Ballot

William Gene Hollander

Full Legal Name of Candidate

State Representative - House District 84

Title of Office Sought (including district, office or ward if applicable)

4512 NW 31st St., Oklahoma City, OK 73122

Candidate's Address of Residence – Street, City

4512 NW 31st St. Oklahoma City, Oklahoma, 73122

Candidate's Mailing Address – Street or Box, City, State, Zip

(405) 203-9673 — Telephone Number (Optional)

Will.G.Hollander@gmail.com — Email Address (Optional)

www.WillHollander.com — Website Address (Optional)

☑ Party Candidate Democrat ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 550173 Precinct Oklahoma County

Date of Birth June 23, 1977

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

W. Hollander

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me 4-13-16 Date

My Commission expires 6-16-2019 Date Commission Number 15005562

JOSHUA STICKNEY NOTARY # 15005562 EXP. 06/16/19 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000066

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

John T Croisant

Name of Candidate as It Will Appear on Ballot

John Thomas Croisant

Full Legal Name of Candidate

Oklahoma House of Representatives District 67

Title of Office Sought (including district, office or ward if applicable)

8317 S. Toledo, Tulsa

Candidate's Address of Residence – Street, City

8317 S. Toledo, Tulsa, OK 74137

Candidate's Mailing Address – Street or Box, City, State, Zip

Facebook Campaign to Elect John Croisant

918-804-5048	john@johncroisant.com	johncroisant.com
Telephone Number (Optional)	**Email Address (Optional)**	**Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 720117 **Precinct** Tulsa **County**

Date of Birth 01/10/1977

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

John C

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 4/11/2016 Date

My Commission expires 04/07/2018 Date Commission Number 02004297

LYNNANN SHIRLEY DAVIS NOTARY PUBLIC No. 02004297 EXP. 04/07/2018 IN AND FOR STATE OF OKLAHOMA

SEAL

Lynnann Shirley Davis

Signature of Notary Public or Officer Authorized to Administer Oath

Notary of Oklahoma

Title of Officer (Notary Public or Other Officer)

7872 E. King St.

Tulsa, 74115

000065

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

RANDY McDANIEL
Name of Candidate as It Will Appear on Ballot

JOHN RANDALL McDANIEL
Full Legal Name of Candidate

State Representative - House Dist. 83
Title of Office Sought (including district, office or ward if applicable)

15513 Blue Mesa Drive, Edmond, OK 73013
Candidate's Address of Residence – Street, City

15513 Blue Mesa Drive, Edmond, OK 73013
Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

[X] Party Candidate Republican [ ] Independent [ ] Judicial
Name of Political Party

I am a registered voter in 550 130 Precinct OKlahoma County

Date of Birth August 8, 1967
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Randy McDaniel
Signature of Candidate

State of OKlahoma County of OKlahoma

Subscribed and sworn to before me April 4th, 2016
Date

My Commission expires 3/16/19 Commission Number 15002609
Date

Rachel Harrison
Comm. #15002609
Notary Public
Exp. Mar. 16, 2019
State Of Oklahoma

SEAL

Rachel Harrison
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000064

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Mark McBride

Name of Candidate as It Will Appear on Ballot

James Mark McBride

Full Legal Name of Candidate

State Representative, District 53

Title of Office Sought (including district, office or ward if applicable)

4800 S Riverside Drive, Moore

Candidate's Address of Residence – Street, City

4800 S Riverside Drive, Moore, OK 73160

Candidate's Mailing Address – Street or Box, City, State, Zip

405-593-5312	mcbrideconst@att.net	MarkMcBrideforHouse
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 140072 Precinct Cleveland County

Date of Birth April 3, 1961

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office if elected.

James Mark McBride

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 06/07/18 Commission Number 02009891

Date

CINDY SULLIVAN NOTARY # 02009891 EXP. 06/07/18 PUBLIC STATE OF OKLAHOMA SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000063

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Michael Buoy

Name of Candidate as It Will Appear on Ballot

William Michael Buoy

Full Legal Name of Candidate

State Representative, District 39

Title of Office Sought (including district, office or ward if applicable)

725 Lapwing Road, Edmond, OK 73003

Candidate's Address of Residence – Street, City

725 Lapwing Road, Edmond, OK 73003

Candidate's Mailing Address – Street or Box, City, State, Zip

405-562-7077 (Telephone Number (Optional)) | Buoy.Michael@gmail.com (Email Address (Optional)) | www.michaelbuoy.com (Website Address (Optional))

[✓] Party Candidate Republican (Name of Political Party) [ ] Independent [ ] Judicial

I am a registered voter in 550041 (Precinct) Oklahoma (County)

Date of Birth January 23, 1976 (Month, Day, Year)

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [✓] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016 (Date)

My Commission expires 06/07/18 (Date) Commission Number 02009891

CINDY SULLIVAN NOTARY # 02009891 EXP. 06/07/18 PUBLIC STATE OF OKLAHOMA SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000062

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Tom J. Dugger

Name of Candidate as It Will Appear on Ballot

Tommy Jack Dugger

Full Legal Name of Candidate

State Senate Seat #21

Title of Office Sought (including district, office or ward if applicable)

1623 W. Liberty, Stillwater

Candidate's Address of Residence – Street, City

PO Box 191, Stillwater, OK 74076

Candidate's Mailing Address – Street or Box, City, State, Zip

405-624-3380 (**Telephone Number (Optional)**) tomjdugger@yahoo.com (**Email Address (Optional)**) www.tomdugger.com (**Website Address (Optional)**)

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 4 **Precinct** Payne **County**

Date of Birth 11/10/1948

Month, Day, Year

Criminal History Disclosure:
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Tom J Dugger

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 5-17-18 Commission Number 06004931

Date

NOTARY PUBLIC CLEO L. ROSE Commission #06004931 IN AND FOR STATE OF OKLAHOMA

Cleo L. Rose

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000061

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Todd Russ

Name of Candidate as It Will Appear on Ballot

Todd Darren Russ

Full Legal Name of Candidate

State Representative, District 55

Title of Office Sought (including district, office or ward if applicable)

101 W Quail Drive, Cordell

Candidate's Address of Residence – Street, City

PO Box 98 Cordell, OK 73632

Candidate's Mailing Address – Street or Box, City, State, Zip

580-660-5100	Todd@ToddRuss.com	www.ToddRuss.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **750030** Precinct **Washita** County

Date of Birth **January 8, ~~2961~~ 1961 JR**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Todd Russ

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 06/07/18 Commission Number 02009891

Date

CINDY SULLIVAN NOTARY PUBLIC #02009891 EXP. 06/07/18 SEAL STATE OF OKLAHOMA

Cindy Sullivan

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000060

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Ben Loring
Name of Candidate as It Will Appear on Ballot

Benjamin Ray Loring
Full Legal Name of Candidate

State House of Representatives, District 7
Title of Office Sought (including district, office or ward number if applicable)

201 16th Pl. SW, Miami
Candidate's Address of Residence — Street, City

201 16th Pl. SW, Miami, OK 74354
Candidate's Mailing Address — Street or Box, City, State, ZIP

(918) 542-1385
Telephone Number (Optional)

loring@cableone.net
Email Address (Optional)

Website Address (Optional)

☑ Party Candidate Democrat ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 7
Precinct

Ottawa
County

Date of Birth Feb. 23, 1953
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-13-16
Date

My commission expires 8-22-18 Commission number 2012617
Date

SEAL

Connie Ruley
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000059

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Michael Rogers

Name of Candidate as It Will Appear on Ballot

Michael Wayne Rogers Jr.

Full Legal Name of Candidate

State Representative District 98

Title of Office Sought (including district, office or ward if applicable)

1628 E. Boston Ct, Broken Arrow

Candidate's Address of Residence – Street, City

1628 E. Boston Ct, Broken Arrow, OK 74012

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 476 Precinct Tulsa County

Date of Birth 09/07/1978

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Michael Rogers

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me 4-13-16

Date

My Commission expires 2-17-17 Commission Number 09001530

Date

LEE R. DENNEY DVM NOTARY PUBLIC COMM.# 09001530 EXPIRES 02/17/17 IN AND FOR STATE OF OKLAHOMA PAYNE COUNTY

Lee R. Denney

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000058

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Leah Todd

Name of Candidate as It Will Appear on Ballot

Leah Angelina Todd

Full Legal Name of Candidate

State Representative for House District 13

Title of Office Sought (including district, office or ward if applicable)

905 SW 2nd, Checotah

Candidate's Address of Residence – Street, City

905 SW 2nd, Checotah, OK 74426

Candidate's Mailing Address – Street or Box, City, State, Zip

918-473-1242 | | |

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

[X] **Party Candidate** Republican [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 460103 **Precinct** McIntosh **County**

Date of Birth 01-22-1975

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Leah A. Todd

Signature of Candidate

State of Oklahoma County of McIntosh

Subscribed and sworn to before me 4-8-16

Date

My Commission expires 09-08-18 **Date** Commission Number 14007998

Stormi Hollingshed

Signature of Notary Public or Officer Authorized to Administer Oath

STORMI HOLLINGSHED NOTARY PUBLIC # 14007998 EXP. 09/08/18 STATE OF OKLAHOMA SEAL

Title of Officer (Notary Public or Other Officer)

000057

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Tom Newell
Name of Candidate as It Will Appear on Ballot

Thomas Ray Newell
Full Legal Name of Candidate

State Representative District 28
Title of Office Sought (including district, office or ward number if applicable)

905 William Blvd Seminole
Candidate's Address of Residence — Street, City

905 William Blvd Seminole, OK 74868
Candidate's Mailing Address — Street or Box, City, State, ZIP

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 23 Precinct Seminole County

Date of Birth 12/04/1968
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office if elected.

Signature of Candidate

State of OKLAHOMA County of OKLAHOMA

Subscribed and sworn to before me APRIL 12, 2016
Date

My commission expires 1/30/19 Commission number 15000970
Date

SEAL

Kristn Madhoo
Signature of Notary Public authorized to administer Oath

Kristn Madhoo
Notary Public
State of Oklahoma
Commission Number 15000970
Commission Exp. January 30, 2019

Title of Officer (Notary Public or Commission)

NIP

DECLARATION OF CANDIDACY

000056

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Markwayne Mullin

Name of Candidate as It Will Appear on Ballot

Markwayne Mullin

Full Legal Name of Candidate

United States Representative, District 2

Title of Office Sought (including district, office or ward number if applicable)

Rt. 1 Box 8255, Westville, OK 74965

Candidate's Address of Residence — Street, City

P.O. Box 3681, Muskogee, OK 74402

Candidate's Mailing Address — Street or Box, City, State, ZIP

918-441-4784
Telephone Number (Optional)

markwayne@mullinforcongress.com
Email Address (Optional)

mullinforcongress.com
Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 010018 Precinct Adair County

Date of Birth July 26th, 1977

Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Markwayne Mullin

Signature of Candidate

State of Oklahoma County of Muskogee

Subscribed and sworn to before me 03/04/16

Date

My commission expires 03/20/2018 Commission number 14002510

Date

SHARON CARRICK
Notary Public, State of Oklahoma
Commission # 14002510
My Commission Expires March 20, 2018
SEAL

Sharon Carrick

Signature of Notary Public or Officer Authorized to Administer Oath

Personal Banker

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000055

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

George Faught
Name of Candidate as It Will Appear on Ballot

George Earl Faught
Full Legal Name of Candidate

State Representative District 14
Title of Office Sought (including district, office or ward if applicable)

3220 E. Harris Rd. Muskogee, OK 74403
Candidate's Address of Residence – Street, City

P.O. Box 2014 Muskogee, OK 74402
Candidate's Mailing Address – Street or Box, City, State, Zip

9186828383 (Telephone Number (Optional)) info@georgefaught.net (Email Address (Optional)) georgefaught.net (Website Address (Optional))

☒ Party Candidate Republican (Name of Political Party) ☐ Independent ☐ Judicial

I am a registered voter in 510038 (Precinct) Muskogee (County)

Date of Birth 7/14/62 (Month, Day, Year)

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

George Faught
Signature of Candidate

State of OKLAHOMA County of OKLAHOMA

Subscribed and sworn to before me April 12, 2016 (Date)

My Commission expires 05/29/16 (Date) Commission Number 08005276

GLYNDA REPPOND NOTARY # 08005276 EXP. 05/29/16 PUBLIC STATE OF OKLAHOMA

SEAL

Glynda Reppond
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000054

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Scooter Park

Name of Candidate as It Will Appear on Ballot

Richard James Park

Full Legal Name of Candidate

State Representative District 65

Title of Office Sought (including district, office or ward if applicable)

247906 E. 1920 Rd, Devol, OK 73531-4279

Candidate's Address of Residence – Street, City

247906 E. 1920 Rd, Devol, OK 73531-4279

RJP

Candidate's Mailing Address – Street or Box, City, State, Zip

580-281-0081 Telephone Number (Optional)

scooterforhouse@gmail.com Email Address (Optional)

ScooterPark65@gmail.com Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **170010** Precinct **Cotton** County

Date of Birth **3/5/1966**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016 Date

My Commission expires Aug 26, 2019 Date Commission Number #15007936

Sonya Barker

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

Sonya Barker
NOTARY PUBLIC - STATE OF OKLAHOMA
MY COMMISSION EXPIRES AUGUST 26, 2019
COMMISSION # 15007936

SEAL

000053

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

GARLAN FLANAGAN

Name of Candidate as It Will Appear on Ballot

GARLAN LAROY FLANAGAN

Full Legal Name of Candidate

STATE REPRESENTATIVE 061

Title of Office Sought (including district, office or ward if applicable)

RR 1 BOX 10E, GOODWELL, OK 73939

Candidate's Address of Residence – Street, City

P.O. Box 2067 301 NE 4th Street GUYMON, OK 73942

Candidate's Mailing Address – Street or Box, City, State, Zip

580-461-3774 garlanflan@gmail.com

Telephone Number (Optional) Email Address (Optional) Website Address (Optional)

☑ Party Candidate REPUBLICAN ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 304 Precinct TEXAS County

Date of Birth 01-13-1956

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Texas

Subscribed and sworn to before me April 4th 2016

Date

My Commission expires 6-7-18 Commission Number 10004564

Date

NOTARY PUBLIC, State of Oklahoma
Commission #10004564
Texas County
SUSAN BURKHART
My Commission Expires: 6-7-18

Susan Burkhart

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000052

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

TIM DOWNING

Name of Candidate as It Will Appear on Ballot

TIMOTHY JAMES DOWNING

Full Legal Name of Candidate

OKLAHOMA HOUSE DISTRICT 42

Title of Office Sought (including district, office or ward if applicable)

25129 KODY LANE, PURCELL

Candidate's Address of Residence – Street, City

25129 KODY LANE, PURCELL, OK 73080

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** REPUBLICAN ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 440006 **Precinct** McCLAIN **County**

Date of Birth MARCH 27, 1979

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Tim Downing

Signature of Candidate

State of OKlahoma County of Cleveland

Subscribed and sworn to before me 11th of April 2016

Date

My Commission expires 01-09-2020 Commission Number 12000200

Date

(SEAL)

TAMMIE NGUYEN
NOTARY PUBLIC - STATE OF OKLAHOMA
MY COMMISSION EXPIRES JAN. 09, 2020
COMMISSION # 12000200

Signature of Notary Public or Officer Authorized to Administer Oath

Tammie Nguyen

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY 000051

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

JWT

I, John Thomas

Name of Candidate as It Will Appear on Ballot

John Newton Thomas

Full Legal Name of Candidate

House Seat 52

Title of Office Sought (including district, office or ward if applicable)

16382 S CR 199, Olustee, OK 73560

Candidate's Address of Residence – Street, City

16382 S CR 199, Olustee, OK 73560

Candidate's Mailing Address – Street or Box, City, State, Zip

580 482-9106 | jnthomas@swoi.net

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

[✓] Party Candidate Republican [ ] Independent [ ] Judicial

Name of Political Party

I am a registered voter in 330023 Precinct Jackson County

Date of Birth October 25, 1943

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [✓] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

John N Thomas, MD

Signature of Candidate

State of Oklahoma County of Jackson

Subscribed and sworn to before me April 11, 2016

Date

My Commission expires 7-13-19 Commission Number 11006304

Date

WENDY SAGER NOTARY PUBLIC # 11006304 EXP. 07/13/19 IN AND FOR STATE OF OKLAHOMA JACKSON COUNTY

SEAL

Wendy Sager

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY 000050

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Johnny Tadlock

Name of Candidate as It Will Appear on Ballot

Johnny Carol Tadlock

Full Legal Name of Candidate

OK State Representative District One

Title of Office Sought (including district, office or ward if applicable)

2979 Le Gates Road Idabel OK 74745

Candidate's Address of Residence – Street, City

PO Box 1722 Idabel OK 74745

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☒ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 450 09 **Precinct** McCurtain **County**

Date of Birth 03-26-1964

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Johnny Tadlock

Signature of Candidate

State of Oklahoma County of McCurtain

Subscribed and sworn to before me April 8, 2016

Date

My Commission expires 6/20/19 Commission Number

Date

AMY R. WARREN NOTARY # 15005660 EXP. 6/20/19 SEAL PUBLIC STATE OF OKLAHOMA

Amy R. Warren

Signature of Notary Public or Officer Authorized to Administer Oath

Asst. V. Pres.

Title of Officer (Notary Public or Other Officer)

000049

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

LaRenda Morgan

Name of Candidate as It Will Appear on Ballot

LaRenda Clarice Morgan

Full Legal Name of Candidate

State Representative HD 93

Title of Office Sought (including district, office or ward if applicable)

2620 SW 83, OKC OK

Candidate's Address of Residence – Street, City

2620 SW 83 OKC OK 73159

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

[X] **Party Candidate** Democrat **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 550229 **Precinct** Oklahoma **County**

Date of Birth 06-11-1974 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

LaRenda Morgan

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-12-16 Date

My Commission expires 1/29/20 Date Commission Number 16000990

CRAIG A. CLAY NOTARY # 16000990 EXP. 01/29/20 PUBLIC STATE OF OKLAHOMA

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

000048

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Christopher J Crawford

Name of Candidate as It Will Appear on Ballot

Christopher Joe Crawford

Full Legal Name of Candidate

Legislature - State House of Representatives - District 82

Title of Office Sought (including district, office or ward if applicable)

16509 Tonka Trail Edmond, OK 73012 C.J.C

Candidate's Address of Residence – Street, City

16509 Tonka Trail, Edmond, OK 73012

Candidate's Mailing Address – Street or Box, City, State, Zip

775-220-3451 | **chris.crawford@managementMC.com**

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

[✓] Party Candidate **Republican** [ ] Independent [ ] Judicial

Name of Political Party

I am a registered voter in 82 550134 C.J.C (Precinct) **Oklahoma** (County)

Date of Birth **03,12,1992**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [✓] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Chr J. Crawford

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 11th April, 2016

Date

My Commission expires 12/29/18 Commission Number 11011562

Date

TERRI PARKER NOTARY PUBLIC #11011562 EXP. 12/29/18 STATE OF OKLAHOMA

Terri Parker

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000047

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Greg Babinec
Name of Candidate as It Will Appear on Ballot

Gregory Paul Babinec
Full Legal Name of Candidate

State Representative District 33
Title of Office Sought (including district, office or ward number if applicable)

3501 N Norfolk Rd. Cushing, OK 74023
Candidate's Address of Residence — Street, City

PO Box 566 Cushing, OK, 74023
Candidate's Mailing Address — Street or Box, City, State, ZIP

918.399.9007
Telephone Number (Optional)

Email Address (Optional)

Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in Cushing 104
Precinct

Payne
County

Date of Birth June 24, 1962
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016
Date

My commission expires 1/30/19
Date

Commission number 15000970

SEAL

Kristn Madhoo
Notary Public
State of Oklahoma
Commission Number 15000970
Commission Exp. January 30, 2019

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

000046

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

MIKE SANDERS

Name of Candidate as It Will Appear on Ballot

MICHAEL ANTHONY SANDERS

Full Legal Name of Candidate

STATE REPRESENTATIVE – HD. 59

Title of Office Sought (including district, office or ward if applicable)

1100 SOUTH MAIN STREET – KINGFISHER

Candidate's Address of Residence – Street, City

P.O. BOX 861 KINGFISHER, OK 73750

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | www.VOTEMIKESANDERS.COM Website Address (Optional)

[X] Party Candidate REPUBLICAN [ ] Independent [ ] Judicial

Name of Political Party

I am a registered voter in 101 Precinct KINGFISHER County

Date of Birth JUNE 27, 1975

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of OKLAHOMA County of OKLAHOMA

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 05/29/16 Commission Number 08005276

Date

GLYNDA REPPOND NOTARY # 08005276 EXP. 05/29/16 PUBLIC STATE OF OKLAHOMA

SEAL

Glynda Reppond

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000045

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Casey Murdock

Name of Candidate as It Will Appear on Ballot

William Casey Murdock

Full Legal Name of Candidate

(2nd) State House of Representatives, District 61

Title of Office Sought (including district, office or ward if applicable)

Rt. 1, Box 45, Felt, OK 73937

Candidate's Address of Residence – Street, City

Rt. 1, Box 45, Felt, OK 73937

Candidate's Mailing Address – Street or Box, City, State, Zip

(505) 803-0690 | murdocklandandcattle@yahoo.com (2nd) | Website Address (Optional)

Telephone Number (Optional) | Email Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 130002 Precinct Cimarron County

Date of Birth 06/16/70

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Casey Murdock

Signature of Candidate

State of OKLAHOMA County of OKLAHOMA

Subscribed and sworn to before me April 5, 2016

Date

My Commission expires 5/29/16 Commission Number 08005276

Date

GLYNDA REPPOND NOTARY # 08005276 EXP. 05/29/16 PUBLIC STATE OF OKLAHOMA

SEAL

Glynda Reppond

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000044

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

EH

Elise Hall

Name of Candidate as It Will Appear on Ballot

Anna Elise Hall

Full Legal Name of Candidate

State Representative, District 100

Title of Office Sought (including district, office or ward if applicable)

7616 Northgate Avenue, Oklahoma City, OK 73162

Candidate's Address of Residence – Street, City

7616 Northgate Avenue, Oklahoma City, OK 73162

Candidate's Mailing Address – Street or Box, City, State, Zip

405-213-3326	Elise@EliseHall.com	www.EliseHall.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 550153 Precinct Oklahoma County

Date of Birth March 26, 1989

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Elise Hall

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 06/07/18 Commission Number 02009891

Date

CINDY SULLIVAN NOTARY # 02009891 EXP. 06/07/18 PUBLIC STATE OF OKLAHOMA SEAL

Cindy Sullivan

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000043

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Shane Stone

Name of Candidate as It Will Appear on Ballot

Shane Lewis Stone

Full Legal Name of Candidate

State House of Representatives District 89

Title of Office Sought (including district, office or ward if applicable)

1121 SW 41st St. Oklahoma City

Candidate's Address of Residence – Street, City

1121 SW 41st St. Oklahoma City, OK 73109

Candidate's Mailing Address – Street or Box, City, State, Zip

(405) 512-1887 StoneShane89@gmail.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☒ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 550212 **Precinct** Oklahoma **County**

Date of Birth October, 26th 1992

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Mayes

Subscribed and sworn to before me April 12, 2016
Date

My Commission expires 10-26-2017 Commission Number 05009933
Date

SEAL

R. Benjamin Sherrer
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

R. BENJAMIN SHERRER
Notary Public, State of Oklahoma
Commission # 05009933
My Commission Expires October 26, 2017

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

000042

PLEASE TYPE OR PRINT

Tom McCloud

Name of Candidate as It Will Appear on Ballot

Thomas Carlton McCloud Sr.

Full Legal Name of Candidate

Oklahoma House of Representatives Dist. 67

Title of Office Sought (including district, office or ward if applicable)

10019 S. 69th E. Ave. Tulsa, OK 74133

Candidate's Address of Residence – Street, City

Same

Candidate's Mailing Address – Street or Box, City, State, Zip

918-625-5324 tom@mccloudmedia.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

[X] **Party Candidate** Republican [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in ~~Dist 67~~ 20154 Tulsa

Precinct TCM **County**

Date of Birth 10-26-1957

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Thomas C McCloud

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me Wed., April 13, 2016

Date

My Commission expires ~~July 13, 2017~~ **Date** Commission Number 05006391

SEAL

Diana J. Holladay

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000041

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Josh Cockroft

Name of Candidate as It Will Appear on Ballot

Joshua Michael Cockroft

Full Legal Name of Candidate

State Representative, District 27

Title of Office Sought (including district, office or ward if applicable)

31705 Crosstimber Rd. Wanette, OK 74878

Candidate's Address of Residence – Street, City

P.O. Box 281 Tecumseh, OK 74873

Candidate's Mailing Address – Street or Box, City, State, Zip

405-788-9160 (Telephone Number (Optional)) VoteCockroft@gmail.com (Email Address (Optional)) FriendsofJoshCockroft.com (Website Address (Optional))

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 630037 (Precinct) Pottawatomie (County)

Date of Birth 02/06/1989

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Josh Cockroft

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 06/07/18 Commission Number 02009891

Date

CINDY SULLIVAN NOTARY # 02009891 EXP. 06/07/18 SEAL PUBLIC STATE OF OKLAHOMA

Cindy Sullivan

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000040

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Pat Ownbey

Name of Candidate as It Will Appear on Ballot

Patrick Ownbey

Full Legal Name of Candidate

State Representative District #48

Title of Office Sought (including district, office or ward if applicable)

2303 Cloverleaf Pl., Ardmore, OK 73401

Candidate's Address of Residence – Street, City

2303 Cloverleaf Pl., Ardmore, OK 73401

Candidate's Mailing Address – Street or Box, City, State, Zip

580 465-9301 Telephone Number (Optional)

reprep48@gmail.com Email Address (Optional)

www.patownbey.com Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **Precinct #19** Precinct **Carter** County

Date of Birth **08-04-53**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Pat Ownbey

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016 Date

My Commission expires Aug 26, 2019 Date Commission Number #15007936

Sonya Barker

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

Sonya Barker SEAL
NOTARY PUBLIC - STATE OF OKLAHOMA
MY COMMISSION EXPIRES AUGUST 26, 2019
COMMISSION # 15007936

DECLARATION OF CANDIDACY

000039

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Darla Milligan

Name of Candidate as It Will Appear on Ballot

Darla Jean (Hobbs) Milligan

Full Legal Name of Candidate

State Representative House District 12

Title of Office Sought (including district, office or ward if applicable)

22911 E 720 RD Wagoner, OK 74467

Candidate's Address of Residence – Street, City

22911 E 720 RD Wagoner, OK 74467

Candidate's Mailing Address – Street or Box, City, State, Zip

918-781-2600	mrsdmilligan@yahoo.com	darlamilligan.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate Democrat ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 730203 Precinct Wagoner County

Date of Birth July 25, 1962

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Darla Milligan

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me 4-13-16

Date

My Commission expires 6-16-2019 Commission Number 15005562

Date

JOSHUA STICKNEY NOTARY SEAL # 15005562 EXP. 06/16/19 PUBLIC STATE OF OKLAHOMA

Joshua Stickney

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000038

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Macy Gleason

Name of Candidate as It Will Appear on Ballot

Macy Delaney Gleason

Full Legal Name of Candidate

Oklahoma House of Representatives District 29

Title of Office Sought (including district, office or ward if applicable)

7391 Stone Creek Way Mannford

Candidate's Address of Residence – Street, City

7391 Stone Creek Way Mannford, OK 74044

Candidate's Mailing Address – Street or Box, City, State, Zip

(918) 409-9241 macy@macygleason.com macygleason.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☒ **Party Candidate** Democratic ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 190402 **Precinct** Creek **County**

Date of Birth 08/09/94

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Macy Gleason

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-13-16

Date

My Commission expires 10-15-18 **Date** Commission Number 14009345

CASSI PETERS NOTARY SEAL # 14009345 EXP. 10/15/18 PUBLIC STATE OF OKLAHOMA

Cassi Peters

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000037 NIP

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available ☐

PLEASE TYPE OR PRINT

Frank D. Lucas

Name of Candidate as It Will Appear on Ballot

Frank Dean Lucas

Full Legal Name of Candidate

U.S. Representative, District 3

Title of Office Sought (including district, office or ward if applicable)

Route 2 Box 136 Cheyenne OK 73628

Candidate's Address of Residence – Street, City

PO Box 1726 Oklahoma City OK 73101

Candidate's Mailing Address – Street or Box, City, State, Zip

405-509-3505 frank@frankdlucas.com www.FrankDLucas.com

Telephone Number (Optional) Email Address (Optional) Website Address (Optional)

☒ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 303 Precinct Roger Mills County

Date of Birth January 6, 1960

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Frank D Lucas

Signature of Candidate

State of OK County of Custer

Subscribed and sworn to before me 4-6-16 Date

My Commission expires March 2, 2019 Date Commission Number 15002125

Robbin D Jennings

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

SEAL

ROBBIN D JENNINGS
NOTARY PUBLIC – STATE OF OKLAHOMA
COMMISSION # 15002125
My Commission Expires Mar 2, 2019
Bonded Through RLI Insurance Company

000036

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Tammy West

Name of Candidate as It Will Appear on Ballot

Tamara Gay West

Full Legal Name of Candidate

State Representative, District 84

Title of Office Sought (including district, office or ward if applicable)

2125 N. Markwell Avenue, Oklahoma City

Candidate's Address of Residence – Street, City

7916 NW 23rd Street, Box 200, Bethany, OK 731008- 73008

Candidate's Mailing Address – Street or Box, City, State, Zip

405-495-3335

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 550003 Precinct Oklahoma County

Date of Birth May 24, 1959

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Tammy West

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My commission expires 06/07/18 Commission Number 02009891

Date

CINDY SULLIVAN NOTARY # 02009891 EXP. 06/07/18 SEAL PUBLIC STATE OF OKLAHOMA

Cindy Sullivan

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000035

Notice: All information provided on this form will be made publicly available☐

PLEASE TYPE OR PRINT

Luke Ewing Doane

Name of Candidate as It Will Appear on Ballot

Luke Ewing Doane

Full Legal Name of Candidate

State Representative District 58

Title of Office Sought (including district, office or ward if applicable)

271958 E CR 45 Meno

Candidate's Address of Residence – **Street, City**

PO Box 131 Meno OK 73760

Candidate's **Mailing Address – Street or Box, City, State, Zip**

(580) 554-8097 lukefordistrict58@gmail.com lukedoane.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 470002 **Precinct** Major **County**

Date of Birth June 13, 1994

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Luke Doane

Signature of Candidate

State of Oklahoma County of Major

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 12-17-16 Commission Number 12011789

Date

Rachelle Burnett

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

SEAL

RACHELLE BURNETT
Notary Public Oklahoma
Comm. #12011789
Comm. Exp. 12/17/2016

0034

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Joe Jennings

Name of Candidate as It Will Appear on Ballot

Joseph Allen Jennings

Full Legal Name of Candidate

House Representative for District 70

Title of Office Sought (including district, office or ward if applicable)

5632 S. Columbia Ave., Tulsa OK 74105

Candidate's Address of Residence – Street, City

P.O. Box 700292 Tulsa, OK 74170

Candidate's Mailing Address – Street or Box, City, State, Zip

(918) 313-4442 | jokri@att.net | joejenningsforok.com

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

[✓] Party Candidate Democratic [ ] Independent [ ] Judicial

Name of Political Party

I am a registered voter in 114 Precinct Tulsa County

Date of Birth February 16th, 1971

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [✓] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Joseph Allen Jennings

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me 4-13-16

Date

My Commission expires 6-16-2019 Commission Number 15005562

Date

JOSHUA STICKLEY NOTARY PUBLIC # 15005562 EXP. 06/16/19 STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000033

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Chris Kamady

Name of Candidate as It Will Appear on Ballot

Christopher Lynn Kamady

Full Legal Name of Candidate

HD 91

Title of Office Sought (including district, office or ward if applicable)

2909 SW 136th Ter, Oklahoma City, OK 73170

Candidate's Address of Residence – Street, City

2909 SW 136th Ter, Oklahoma City, OK 73170

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

[X] Party Candidate Republican [ ] Independent [ ] Judicial

Name of Political Party

I am a registered voter in 88 (Precinct) Cleveland (County)

Date of Birth 07 | 29 | 1979

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me April 8, 2016

Date

My Commission expires 12/15/19 Commission Number 15011086

Date

Carla Kirkpatrick

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

CARLA KIRKPATRICK NOTARY # 15011086 EXP. 12/15/19 PUBLIC STATE OF OKLAHOMA

DECLARATION OF CANDIDACY

000032

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

JOHN L. MYERS

Name of Candidate as It Will Appear on Ballot

JOHN LOWERY MYERS

Full Legal Name of Candidate

Oklahoma State Senate – District 1

Title of Office Sought (including district, office or ward if applicable)

43877I East 250 Road, Vinita

Candidate's Address of Residence – Street, City

P.O. Box 463, Vinita, OK 74301

Candidate's Mailing Address – Street or Box, City, State, Zip

918-244-1912 | themyers@baltfiber.com | _____

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

[X] **Party Candidate** Democratic [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 180621 **Precinct** Craig **County**

Date of Birth September 16, 1947

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

John L. Myers

Signature of Candidate

State of OKLAHOMA County of CRAIG CO.

Subscribed and sworn to before me APRIL 11TH, 2016
Date

My Commission expires 6.17.2017 Commission Number 13005606
Date

NOTARY PUBLIC IN AND FOR CRAIG COUNTY, STATE OF OKLAHOMA
OFFICIAL SEAL
Commission No. 13005606
MARY JO KNOX
Expiration Date 6/17/17

Signature of Notary Public or Officer Authorized to Administer Oath

NEW ACCOUNT REP.
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000031

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Rhonda Cox

Name of Candidate as It Will Appear on Ballot

Rhonda Annette Cox

Full Legal Name of Candidate

Senate District 3

Title of Office Sought (including district, office or ward if applicable)

13244 Hwy 82-C, Peggs

Candidate's Address of Residence – Street, City

PO Box 665, Locust Grove, OK 74352

Candidate's Mailing Address – Street or Box, City, State, Zip

918-260-0199 (Telephone Number (Optional)) rhondacox2016@yahoo.com (Email Address (Optional)) rhondacox.net (Website Address (Optional))

[X] Party Candidate Democratic [ ] Independent [ ] Judicial

Name of Political Party

I am a registered voter in 16 Precinct Cherokee County

Date of Birth 2/15/65

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Rhonda Cox

Signature of Candidate

State of Oklahoma County of Cherokee

Subscribed and sworn to before me 4-12-16 Date

My Commission expires 9-16-17 Date Commission Number 13008566

DEJUANA FINE
Notary Public in and for the State of Oklahoma
SEAL
Commission #13008566
My Commission expires 9/16/2017

Dejuana Fine

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000030

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Kevin West

Name of Candidate as It Will Appear on Ballot

Kevin Wyman West

Full Legal Name of Candidate

State Representative - House District 54

Title of Office Sought (including district, office or ward if applicable)

1405 NW 14th Place, Moore, OK

Candidate's Address of Residence – Street, City

P.O. Box 6572 Moore, OK 73153

Candidate's Mailing Address – Street or Box, City, State, Zip

(405) 514-8468 Telephone Number (Optional)

west41@att.net Email Address (Optional)

www.votekevinwest.com Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **140060** Precinct **Cleveland** County

Date of Birth **10/24/67**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Kevin West

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me 4/11/16

Date

My Commission expires 2/26/19 Commission Number 15002017

Date

Samantha Partido

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

SEAL

Notary Public
State of Oklahoma
SAMANTHA PARTIDO
CLEVELAND COUNTY
COMMISSION #15002017
Comm. Exp. 02-26-2019

Name of Candidate: Kevin West Title of office sought: State Representative

Criminal History Disclosure Supplement to Declaration of Candidacy

If you have been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time there is an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state, you must complete the Criminal History Disclosure Supplement form.

N/A

Name of offense

Date of conviction or issuance of outstanding warrant

Time prescribed in judgement and sentence

County and State of conviction or issuance of outstanding warrant

Name of offense

Date of conviction or issuance of outstanding warrant

Time prescribed in judgement and sentence

County and State of conviction or issuance of outstanding warrant

Name of offense

Date of conviction or issuance of outstanding warrant

Time prescribed in judgement and sentence

County and State of conviction or issuance of outstanding warrant

If more space is needed, use more than one copy of this form.

DECLARATION OF CANDIDACY

000029

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Steve Kouplen

Name of Candidate as It Will Appear on Ballot

George Steven Kouplen

Full Legal Name of Candidate

SK
State

House of Representatives District 24

Title of Office Sought (including district, office or ward if applicable)

5910 Garfield Road, Beggs, Oklahoma

Candidate's Address of Residence – Street, City

5910 Garfield Road, Beggs, Oklahoma 74421

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate **Democrat** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **560020** Precinct **Okmulgee** County

Date of Birth **2-5-51**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Steve Kouplen

Signature of Candidate

State of Oklahoma County of Mayes

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 10/26/2017 Commission Number 05009933

Date

R. BENJAMIN SHEPPER
Notary Public, State of Oklahoma
Commission # 05009933
My Commission Expires October 26, 2017

SEAL

R. Benjamin Shepper

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000028

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Shawn P. Sheehan

Name of Candidate as It Will Appear on Ballot

Shawn Patrick Sheehan

Full Legal Name of Candidate

State Senate District 15

Title of Office Sought (including district, office or ward if applicable)

1037 Shadowlake Road, Norman, OK 73071

Candidate's Address of Residence – Street, City

1037 Shadowlake Road, Norman, OK 73071

Candidate's Mailing Address – Street or Box, City, State, Zip

	shawn.sheehan@gmail.com	**www.sheehanforok.com**
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☐ Party Candidate _____ ☑ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **140055** Precinct **Cleveland** County

Date of Birth **07/14/1985**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me 4-13-16 Date

My Commission expires 6-16-2019 Date Commission Number 15005562

JOSHUA STICKNEY NOTARY SEAL # 15005562 EXP. 06/16/19 PUBLIC STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

0027 NIP

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Tom Cole

Name of Candidate as It Will Appear on Ballot

Thomas Jeffery Cole

Full Legal Name of Candidate

United States Representative District 4

Title of Office Sought (including district, office or ward if applicable)

104 Briarwood Street Moore, OK 73160

Candidate's Address of Residence – Street, City

PO Box 722256 Norman, OK 73070

Candidate's Mailing Address – Street or Box, City, State, Zip

(405) 310-9736 Telephone Number (Optional)

Email Address (Optional)

www.tomcoleforcongress Website Address (Optional)

☑ Party Candidate **Republican Party** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **140021** Precinct **Cleveland** County

Date of Birth **April 28, 1949**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Thomas Jeffery Cole

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me April 7, 2016

Date

My Commission expires 7-27-18 Commission Number 06007317

Date

Signature of Notary Public or Officer Authorized to Administer Oath

SEAL

Notary

Title of Officer (Notary Public or Other Officer)

0026

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Larry Boggs

Name of Candidate as It Will Appear on Ballot

Larry Hobert Boggs

Full Legal Name of Candidate

Ok State Senate - District 7

Title of Office Sought (including district, office or ward if applicable)

Rural property encompassing 685, 699 & 747 NE 1095th Avenue, Red Oak, OK 74563

Candidate's Address of Residence – Street, City

P.O. Box 775, Wilburton, Oklahoma 74578-0775

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional)	Email Address (Optional)	boggsforsenate.com Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **390011** Precinct

LATIMER LB ~~Oklahoma~~ County

Date of Birth **09/04/1946**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Larry Boggs

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/12/18

Date

My Commission expires 4/29/19 Commission Number 15003834

Date

DARCI McKEE
Notary Public in and for the State of Oklahoma
Commission #15003834
My Commission expires 4/29/2019
SEAL

Darci McKee

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice; All information provided on this form will be made publicly available.

000025

PLEASE TYPE OR PRINT

David Dickerson

Name of Candidate as It Will Appear on Ballot

David Wayne Dickerson

Full Legal Name of Candidate

State Representative District 82

Title of Office Sought (including district, office or ward number if applicable)

18033 Cristobal Blvd, Edmond

Candidate's Address of Residence — Street, City

18033 Cristobal Blvd Edmond, OK 73012

Candidate's Mailing Address — Street or Box, City, State, ZIP

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☐ Party Candidate _____ ☑ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 550136 Precinct Oklahoma County

Date of Birth September 22, 1965

Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Cleveland

Subscribed and sworn to before me 4-13-16

Date

My commission expires 6-16-2019 Commission number 15005562

Date

JOSHUA STICKNEY NOTARY # 15005562 EXP. 06/16/19 PUBLIC STATE OF OKLAHOMA SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000024

Notice: All information provided on this form will be made publicly available☐

PLEASE TYPE OR PRINT

Camal Pennington

Name of Candidate as It Will Appear on Ballot

Camal Imani Pennington

Full Legal Name of Candidate

State Representative District 97

Title of Office Sought (including district, office or ward if applicable)

4725 NE 33rd OKC, OK 73121

Candidate's Address of Residence – **Street, City**

P.O. Box 54881 OKC, OK 73154

Candidate's **Mailing Address – Street or Box, City, State, Zip**

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** Democratic Party ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 00550066 **Precinct** Oklahoma **County**

Date of Birth November 11, 1987

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be ~~fully qualified~~ to hold said office, if elected.

Camal Pennington

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 12, 2016

Date

My commission expires 03/19/2017 Commission Number 09002243

Date

KELLI ANN JONES NOTARY # 09002243 EXP. 03/19/17 PUBLIC STATE OF OKLAHOMA

Kelli Ann Jones

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000023

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Joseph W. Silk

Name of Candidate as It Will Appear on Ballot

Joseph Wesley Silk

Full Legal Name of Candidate

Oklahoma State Senate District 5

Title of Office Sought (including district, office or ward if applicable)

68 East Fork Road Broken Bow, Oklahoma 74728

Candidate's Address of Residence – Street, City

P.O. Box 214 Broken Bow, Oklahoma 74728

Candidate's Mailing Address – Street or Box, City, State, Zip

		josephsilk.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **450020** Precinct **McCurtain** County

Date of Birth **05/24/1986**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me Wed., April 13, 2016
Date

My Commission expires July 13, 2017 Commission Number 05006391
Date

SEAL

Diana D. Holladay
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

000022

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Charles A. McCall

Name of Candidate as It Will Appear on Ballot

Charles Adelbert McCall

Full Legal Name of Candidate

State Representative District 22

Title of Office Sought (including district, office or ward if applicable)

2725 S. Mississippi Ave. Atoka, OK. 74525

Candidate's Address of Residence – Street, City

PO Box 1405 Atoka, OK. 74525

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

[x] **Party Candidate** Republican — **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 2 **Precinct** Atoka **County**

Date of Birth April 19, 1970 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [x] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Atoka

Subscribed and sworn to before me April 11, 2016 **Date**

My Commission Expires 10-07-2018 **Date** Commission Number 10008429

LAURA JACKSON NOTARY # 10008429 EXP. SEAL PUBLIC STATE OF OKLAHOMA

Laura Jackson

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

000021

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

GARY STANISLAWSKI

Name of Candidate as It Will Appear on Ballot

GARY MICHAEL STANISLAWSKI

Full Legal Name of Candidate

SENATE DISTRICT 35

Title of Office Sought (including district, office or ward if applicable)

2992 E 78TH St., TULSA, OK 74136

Candidate's Address of Residence – **Street, City**

SAME

Candidate's **Mailing Address – Street or Box, City, State, Zip**

918-493-4190 GARY@GARYSTANISLAWSKI.COM GARYSTANISLAWSKI.NET

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☒ **Party Candidate** REPUBLICAN ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 116 **Precinct** TULSA **County**

Date of Birth 9/9/1959

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 4/8/16

Date

My Commission expires 11/28/16 Commission Number 12009269

Date

Desiree A Lounsbury

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

SEAL

DESIREE A LOUNSBURY
Notary Public in and for the
State of Oklahoma
Commission #12009269
My Commission expires 11/28/2016

000020

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Lyle Walters

Name of Candidate as It Will Appear on Ballot

John Lyle Walters JR.

Full Legal Name of Candidate

Oklahoma House of Representatives District 81

Title of Office Sought (including district, office or ward if applicable)

3400 Spring Hill Dr Edmond, OK

Candidate's Address of Residence – Street, City

Same as above

Candidate's Mailing Address – Street or Box, City, State, Zip

405.826.8743 | JWalters34@cox.net

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

[X] **Party Candidate** Democrat [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 550062 **Precinct** Oklahoma **County**

Date of Birth July 28th, 1978

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

John Lyle Walters Jr.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/9/19 Date

My Commission expires 1/21/19 Date Commission Number 15000672

MELISSA BEASLEY NOTARY # 15000672 EXPIRES 1/21/19 PUBLIC STATE OF OKLAHOMA

Melissa Beasley

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000019

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Bobby Cleveland
Name of Candidate as It Will Appear on Ballot

Robert Lee Cleveland
Full Legal Name of Candidate

Representative House District 20
Title of Office Sought (including district, office or ward number if applicable)

14250 108TH Lexington, OK 73051
Candidate's Address of Residence — Street, City

14250 108TH Lexington, OK 73051
Candidate's Mailing Address — Street or Box, City, State, ZIP

405-527-2274
Telephone Number (Optional)

Email Address (Optional)

Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 34 Precinct Cleveland County

Date of Birth 6-2-93 6-2-43 RP
Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Bobby Cleveland
Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 11, 2016
Date

My commission expires 06/07/18 Commission number 02009891
Date

CINDY SULLIVAN NOTARY # 02009891 EXP. 06/07/18 SEAL PUBLIC STATE OF OKLAHOMA

Cindy Sullivan
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

000018

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

MARK LAWSON

Name of Candidate as It Will Appear on Ballot

MARK PEYTON LAWSON

Full Legal Name of Candidate

STATE HOUSE OF REPRESENTATIVES, DISTRICT 30

Title of Office Sought (including district, office or ward if applicable)

205 1/2 MOCCASIN LANE SAPULPA, OK 74066

Candidate's Address of Residence – Street, City

1037 S. MOCCASIN PLACE SAPULPA, OK 74066

Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate REPUBLICAN ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 190142 Precinct CREEK County

Date of Birth NOVEMBER 22, 1980

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Mark P. Lawson

Signature of Candidate

State of OK County of Creek

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 5-20-16 Commission Number 08005305

Date

BETTY CALLEY NOTARY PUBLIC IN AND FOR STATE OF OKLAHOMA COMMISSION #08005305 SEAL

Betty Calley

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000017

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Mark Lepak
Name of Candidate as It Will Appear on Ballot

Mark Paul Lepak
Full Legal Name of Candidate

State Representative District 9
Title of Office Sought (including district, office or ward if applicable)

3217 Heritage Dr Claremore
Candidate's Address of Residence – Street, City

3217 Heritage Dr Claremore ok 74019
Candidate's Mailing Address – Street or Box, City, State, Zip

918-343-2687 | | |
Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**
Name of Political Party

I am a registered voter in 660014 **Precinct** Rogers **County**

Date of Birth August 1, 1956
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Mark Paul Lepak
Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-11-16
Date

My Commission expires 1/26/20 **Date** Commission Number 16000841

M. LOSCHKE NOTARIAL SEAL # 16000841 EXP. 01/26/20 NOTARY PUBLIC STATE OF OKLAHOMA

M Loschke
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000016

Notice: All information provided on this form will be made publicly available

PLEASE TYPE OR PRINT

DENNIS PURIFOY
Name of Candidate as It Will Appear on Ballot

DENNIS RAY PURIFOY
Full Legal Name of Candidate

HOUSE REPRESENTATIVE DISTRICT 60
Title of Office Sought (including district. office or ward if applicable)

1137 ELK ST., YUKON
Candidate's Address of Residence – Street. City

1137 ELK ST, YUKON, OK 73099
Candidate's Mailing Address – Street or Box. City. State. Zip

405-354-5556 (Telephone Number (Optional))
purifoyforhouse@gmail.com (Email Address (Optional))
PURIFOYFORHOUSE.COM (Website Address (Optional))

☑ Party Candidate DEMOCRAT ☐ Independent ☐ Judicial
Name of Political Party

I am a registered voter in 090206 Precinct CANADIAN County

Date of Birth JUNE 18, 1951
Month. Day. Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I. the undersigned. do hereby solemnly swear or affirm that the abovementioned facts are true and correct. that I have read the qualifications for the office that I seek. that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Dennis R Purifoy
Signature of Candidate

State of Oklahoma County of Canadian

Subscribed and sworn to before me April 11, 2016
Date

My Commission expires Jan. 7 2018 Date Commission Number 01019382

Earline Smaistrla
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

EARLINE SMAISTRLA NOTARY PUBLIC # 01019382 EXP. 01/07/18 STATE OF OKLAHOMA SEAL

$ 200.00

DECLARATION OF CANDIDACY

000015

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Earl Sears

Name of Candidate as It Will Appear on Ballot

Earl William Sears

Full Legal Name of Candidate

Okla. House of Representatives District 11 (State)

Title of Office Sought (including district, office or ward if applicable)

1721 Cherokee Place Bartlesville, Ok. 74003 EWS

Candidate's Address of Residence – Street, City

Bartlesville, Okla. 74003

Candidate's Mailing Address – Street or Box, City, State, Zip

918-766-4262 esears4rep@cableone.net

Telephone Number (Optional) Email Address (Optional) Website Address (Optional)

☒ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 31 Precinct Washington County

Date of Birth 9-2-52

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☒ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Earl Sears

Signature of Candidate

State of OK County of Washington

Subscribed and sworn to before me April 9, 2018

Date

My Commission expires Nov 18 2019 Commission Number 15010775

Date

HANNAH GOTT
Notary Public
State of Oklahoma
Commission # 15010775
My Commission Expires Nov 18, 2019

SEAL

Hannah Gott

Signature of Notary Public or Officer Authorized to Administer Oath

Financial Sales Rep

Title of Officer (Notary Public or Other Officer)

000014

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Matt Meredith
Name of Candidate as it Will Appear on Ballot

Matthew Udeen Meredith
Full Legal Name of Candidate

Oklahoma House of Representatives Dist 4
Title of Office Sought (including district, office or ward if applicable)

13931 W. Shady Grove Rd Tahlequah,
Candidate's Address of Residence – Street, City

PO Box 26 Hulbert, OK 74441
Candidate's Mailing Address – Street or Box, City, State, Zip

(918) 207-5893 mattm@ronmeredithagency.com
Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

[X] **Party Candidate** Democrat **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 110025 **Precinct** Cherokee **County**

Date of Birth July 27, 1984
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Cherokee

Subscribed and sworn to before me 4/7/2016
Date

My Commission expires 6/9/2018 Commission Number 14005279
Date

M S WITTE SEAL
NOTARY PUBLIC – STATE OF OKLAHOMA
COMMISSION # 14005279
My Commission Expires June 9, 2018
Bonded Through RLI Insurance Company

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000013

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

MIKE RITZE
Name of Candidate as It Will Appear on Ballot

JAMES MICHAEL RITZE
Full Legal Name of Candidate

OK State Representative District 80
Title of Office Sought (including district, office or ward if applicable)

18574 E. 101st St. S., Broken Arrow
Candidate's Address of Residence – Street, City

18574 E. 101st St. S., Broken Arrow, OK 74011
Candidate's Mailing Address – Street or Box, City, State, Zip

918-455-3503	drjmike@valornet.com	mikeritze.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

[x] Party Candidate Republican [ ] Independent [ ] Judicial
Name of Political Party

I am a registered voter in 405 Precinct Tulsa County

Date of Birth 10/16/1948
Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [x] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Mike Ritze
Signature of Candidate

State of Oklahoma County of Logan

Subscribed and sworn to before me April 5, 2016
Date

My Commission expires 9/26/16 Commission Number #12009181
Date

Marlene Lynch
Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

NOTARY SEAL PUBLIC
MARLENE LYNCH
SEAL
Notary Public
State of Oklahoma
Commission # 12009181 Expires 09/26/16

DECLARATION OF CANDIDACY

000012

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Ron Sharp

Name of Candidate as It Will Appear on Ballot

Ronald Lee Sharp

Full Legal Name of Candidate

State Senate, District 17

Title of Office Sought (including district, office or ward if applicable)

1835 North Oklahoma Avenue Shawnee, Ok 74804 RS

Candidate's Address of Residence – Street, City

1835 North Oklahoma Avenue, Shawnee, OK ~~73804~~ 74804 RS

Candidate's Mailing Address – Street or Box, City, State, Zip

405-788-2298	Ron_Sharppbd@att.net	www.RonSharpforSenat
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **630012** Precinct **Pottawatomie** County

Date of Birth **May 15, 1952**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Ron Sharp

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me April 13, 2016

Date

My Commission expires 06/07/18 Commission Number 02009891

Date

CINDY SULLIVAN NOTARY PUBLIC # 02009891 EXP. 06/07/18 SEAL STATE OF OKLAHOMA

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000011

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Matt Jackson

Name of Candidate as It Will Appear on Ballot

Warren Matthew Jackson

Full Legal Name of Candidate

Representative (House District 85)

Title of Office Sought (including district, office or ward if applicable)

3001 Willow Brook Rd, OKC. OK 73120

Candidate's Address of Residence – Street, City

3001 Willow Brook Rd, OKC. OK 73120

Candidate's Mailing Address – Street or Box, City, State, Zip

405-650-6674	JacksonHD85@gmail.com	votemattjackson.com
Telephone Number (Optional)	Email Address (Optional)	Website Address (Optional)

☑ Party Candidate **Republican** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **550146** Precinct **Oklahoma** County

Date of Birth **08/02/1974**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Matt Jackson

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 12th April 2018

Date

My Commission expires 10/29/19 Date Commission Number 15010001

SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Universal Banker

Title of Officer (Notary Public or Other Officer)

NOTARY SEAL PUBLIC

ALISIEA WRIGHT
Notary Public
State of Oklahoma
Commission # 15010001 Expires 10/29/19

DECLARATION OF CANDIDACY 000010

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Ed Cannaday

Name of Candidate as It Will Appear on Ballot

Edward Henry Cannaday

Full Legal Name of Candidate

State Representative - House District 15

Title of Office Sought (including district, office or ward if applicable)

7817 E 303rd St S, Porum, OK 74455

Candidate's Address of Residence – Street, City

PO Box 98, Porum, OK 74455 ES

Candidate's Mailing Address – Street or Box, City, State, Zip

mobile 918-448-5702 ed.cannaday@okhouse.gov www.edcannaday.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

[X] **Party Candidate** Democrat **Name of Political Party** [ ] **Independent** [ ] **Judicial**

I am a registered voter in 510064 **Precinct** Muskogee **County**

Date of Birth 10/31/1940 **Month, Day, Year**

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4-12-16 **Date**

My Commission expires 8-22-18 **Date** Commission Number 2012617

SEAL

Connie Riley

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000009

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Robert Founds

Name of Candidate as It Will Appear on Ballot

Robert Lynn Founds

Full Legal Name of Candidate

State Senate district 25

Title of Office Sought (including district, office or ward if applicable)

303 E. Washington, Bixby, Ok,

Candidate's Address of Residence – Street, City

303 E. Washington Bixby, Ok, 74008

Candidate's Mailing Address – Street or Box, City, State, Zip

918-240-4614 | Founds4Senate25@gmail.com

Telephone Number (Optional) | **Email Address (Optional)** | **Website Address (Optional)**

☒ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 720351 **Precinct** Tulsa **County**

Date of Birth 5/25/1974

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Tulsa

Subscribed and sworn to before me 5th day of April 2016

Date

My Commission expires 05-06-2018 Commission Number 14004107

Date

OFFICIAL SEAL
MELANIE RUTH LAWSON
NOTARY PUBLIC - OKLAHOMA
TULSA COUNTY
COMM. NO. 14004107 EXP. 5-6-2018

Melanie Ruth Lawson

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Rick Parris 000008

Name of Candidate as It Will Appear on Ballot

Ricky L S Parris

Full Legal Name of Candidate

State Representative District 29

Title of Office Sought (including district, office or ward if applicable)

1511 Cliff Dr. Mannford OK 74044

Candidate's Address of Residence – Street, City

1511 Cliff Dr. Mannford, OK. 74044

Candidate's Mailing Address – Street or Box, City, State, Zip

918-760-4068 rick.parris@AOL.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

[X] **Party Candidate** Democrat [ ] **Independent** [ ] **Judicial**

Name of Political Party

I am a registered voter in 190404 **Precinct** Creek **County**

Date of Birth Sep 4 1960

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] **Yes** [X] **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Ricky L S Parris

Signature of Candidate

State of Oklahoma County of Creek

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 4/8/2018 Commission Number 02006282

Date

R. Dolan

Signature of Notary Public or Officer Authorized to Administer Oath

Notary

Title of Officer (Notary Public or Other Officer)

SEAL

R. DOLAN
Notary Public, State of Oklahoma
Commission # 02006282
My Commission Expires April 08, 2018

000007

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Bob Ed Culver

Name of Candidate as It Will Appear on Ballot

Bob Ed Culver, Jr.

Full Legal Name of Candidate

State Representative District 4

Title of Office Sought (including district, office or ward if applicable)

14796 West Grandview Road, Tahlequah

Candidate's Address of Residence – Street, City

P.O. Box 1523, Tahlequah, Oklahoma 74465

Candidate's Mailing Address – Street or Box, City, State, Zip

918-207-0232 Telephone Number (Optional)

bobedculver@gmail.com Email Address (Optional)

Website Address (Optional)

☑ Party Candidate **Republican** Name of Political Party ☐ Independent ☐ Judicial

I am a registered voter in **110025** Precinct **Cherokee** County

Date of Birth **12-16-1957** Month, Day, Year

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Bob Ed Culver

Signature of Candidate

State of Oklahoma County of Cherokee

Subscribed and sworn to before me April 11th, 2016 Date

My Commission expires 7/11/16 Date Commission Number 12006519

NICOLE NORRIS NOTARY PUBLIC SEAL # 12006519 EXP. 07/11/16 IN AND FOR STATE OF OKLAHOMA CHEROKEE COUNTY

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available. 000006

PLEASE TYPE OR PRINT

Charles L. Ortega

Name of Candidate as It Will Appear on Ballot

Charles Larry Ortega

Full Legal Name of Candidate

State Representative District 52

Title of Office Sought (including district, office or ward number if applicable)

4 Mayflower Altus, Oklahoma 73521

Candidate's Address of Residence — Street, City

1509 N. Main St. PMB 292 Altus, Oklahoma 73521

Candidate's Mailing Address — Street or Box, City, State, ZIP

580-482-0259

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

☑ Party Candidate Republican ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in 1 Precinct Jackson County

Date of Birth 09-23-1955

Month, Day, Year

Criminal History Disclosure:

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Jackson

Subscribed and sworn to before me April 8 2016

Date

My commission expires 5/23/18 Commission number 14004795

Date

MARY M. TIDWELL NOTARY PUBLIC COMM # 14004795 EXP. 5/23/18 IN AND FOR SEAL STATE OF OKLAHOMA

Mary M Tidwell

Signature of Notary Public or Officer Authorized to Administer Oath

DECLARATION OF CANDIDACY

000005

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

John Enns
Name of Candidate as It Will Appear on Ballot

John Timothy Enns
Full Legal Name of Candidate

State Representative Dist 41
Title of Office Sought (including district, office or ward if applicable)

1741 Pawhuska Enid
Candidate's Address of Residence – Street, City

1741 Pawhuska Enid, OK 73703
Candidate's Mailing Address – Street or Box, City, State, Zip

Telephone Number (Optional) | Email Address (Optional) | Website Address (Optional)

[X] Party Candidate Republican (Name of Political Party) [ ] Independent [ ] Judicial

I am a registered voter in 240310 (Precinct) Garfield (County)

Date of Birth 1/30/67 (Month, Day, Year)

Criminal History Disclosure
Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

[ ] Yes [X] No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

John Enns
Signature of Candidate

State of Oklahoma County of Oklahoma

Subscribed and sworn to before me 4/6/2016 (Date)

My Commission expires 6/22/2016 (Date) Commission Number 12005883

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public
Title of Officer (Notary Public or Other Officer)

SEAL
JORDAN RUSSELL
Notary Public
State of Oklahoma
Commission # 12005883 Expires 06/22/16

DECLARATION OF CANDIDACY

000004

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Donnie Condit

Name of Candidate as It Will Appear on Ballot

Donald Alan Condit

Full Legal Name of Candidate

State Representative District 18

Title of Office Sought (including district, office or ward if applicable)

1109 Easy St. McAlester

Candidate's Address of Residence – Street, City

1109 Easy St. McAlester, Ok 74501

Candidate's Mailing Address – Street or Box, City, State, Zip

918-916-9004 Telephone Number (Optional)

donnie.condit@yahoo.com Email Address (Optional)

Website Address (Optional)

☑ Party Candidate **Democrat** ☐ Independent ☐ Judicial

Name of Political Party

I am a registered voter in **6** Precinct **Pittsburg** County

Date of Birth **Dec. 11th, 1956**

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ Yes ☑ No

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Pittsburg

Subscribed and sworn to before me April 8, 2016 Date

My Commission expires 9-4-2017 Date Commission Number 13008157

D. BURTON NOTARY 13008157 EXP. 09/04/17 PUBLIC STATE OF OKLAHOMA SEAL

Signature of Notary Public or Officer Authorized to Administer Oath

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000003

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Brian Renegar

Name of Candidate as It Will Appear on Ballot

Brian Ellis Renegar

Full Legal Name of Candidate

District 17 State House of Representatives

Title of Office Sought (including district, office or ward if applicable)

1414 Country Club Road McAlester

Candidate's Address of Residence – Street, City

1414 Country Club Road McAlester, OKLA. 74501

Candidate's Mailing Address – Street or Box, City, State, Zip

(918) 421-0872 brenegar17@yahoo.com X

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☑ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 610032 **Precinct** Pittsburg **County**

Date of Birth 09-16-1950

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Brian Renegar

Signature of Candidate

State of Oklahoma County of Mayes

Subscribed and sworn to before me April 12, 2016

Date

My Commission expires 10/26/2017 **Date** Commission Number 05009933

R. Benjamin Sherrer

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

R. BENJAMIN SHERRER
Notary Public, State of Oklahoma
Commission # 05009933
My Commission Expires October 26, 2017

SEAL

000002

DECLARATION OF CANDIDACY

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Ken Walker

Name of Candidate as It Will Appear on Ballot

Kenneth James Walker

Full Legal Name of Candidate

House OF Representatives District 70

Title of Office Sought (including district, office or ward if applicable)

4323 E 75th St, Tulsa, OK 74136

Candidate's Address of Residence – Street, City

PO BOX 700117 Tulsa, OK 74170

Candidate's Mailing Address – Street or Box, City, State, Zip

9186884415 KenKenwalkerforhouse.com www.KenWalkerForhouse.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☑ **Party Candidate** Republican ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 124 **Precinct** Tulsa **County**

Date of Birth 12/17/71

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☑ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Signature of Candidate

State of Oklahoma County of Payne

Subscribed and sworn to before me 4-12-16

Date

My Commission Expires 2-17-17 Commission Number 09001530

Date

LEE R. DENNEY DVM NOTARY PUBLIC COMM # 09001530 EXPIRES 02/17/17 IN AND FOR STATE OF OKLAHOMA PAYNE COUNTY

Lee R. Denney DVM

Signature of Notary Public or Officer Authorized to Administer Oath

Notary Public

Title of Officer (Notary Public or Other Officer)

DECLARATION OF CANDIDACY

000001

Notice: All information provided on this form will be made publicly available.

PLEASE TYPE OR PRINT

Joel Kerns

Name of Candidate as It Will Appear on Ballot

Joel Keith Kerns

Full Legal Name of Candidate

District 7 State Senate

Title of Office Sought (including district, office or ward if applicable)

283 Bucks of Gainescreek Rd. McAlester

Candidate's Address of Residence – Street, City

283 Bucks of Gainescreek Rd. McAlester OKLA. 74501

Candidate's Mailing Address – Street or Box, City, State, Zip

918-470-1633 kerns.joel@yahoo.com

Telephone Number (Optional) **Email Address (Optional)** **Website Address (Optional)**

☒ **Party Candidate** Democrat ☐ **Independent** ☐ **Judicial**

Name of Political Party

I am a registered voter in 610042 **Precinct** Pittsburg **County**

Date of Birth 02-14-1961

Month, Day, Year

Criminal History Disclosure

Have you been determined by a court of proper authority in the State of Oklahoma or in another state to be guilty of a misdemeanor involving embezzlement or of a felony, or at this time is there an outstanding warrant for your arrest for a misdemeanor involving embezzlement or for a felony in the State of Oklahoma or in another state? If you check yes below, you must complete the Criminal History Disclosure Supplement form.

☐ **Yes** ☒ **No**

I, the undersigned, do hereby solemnly swear or affirm that the abovementioned facts are true and correct, that I have read the qualifications for the office that I seek, that I am fully qualified to become a candidate for said office, and that I will be fully qualified to hold said office, if elected.

Joel Kerns

Signature of Candidate

State of Oklahoma County of Mayes

Subscribed and sworn to before me 4-13-2016

Date

My Commission expires 10-26-2017 **Date** Commission Number 05009933

R. Benjamin Sherrer

SEAL **Signature of Notary Public or Officer Authorized to Administer Oath**

Notary Public

Title of Officer (Notary Public or Other Officer)

R. BENJAMIN SHERRER
Notary Public, State of Oklahoma
Commission # 05009933
My Commission Expires October 26, 2017