

**STATE OF OKLAHOMA  
INDEPENDENT SCHOOL OR TECHNOLOGY CENTER DISTRICT  
Norman Public School**

(NAME OF DISTRICT)

**CAMPAIGN COMMITTEE STATEMENT OF ORGANIZATION**

**1. CANDIDATE INFORMATION**

**AMENDED FORM:**

Name as it will appear on the ballot (Last, First, Middle) Kathleen Kennedy		Party Affiliation Non-Partisan
Complete name of Office Sought Board of Education Office 3		Special or General Election Date 2-14-2023
Candidate Residence Street Address 1 702 Sedona Drive	Candidate Mailing Address 1 702 Sedona Drive	
Candidate Residence Street Address 2	Candidate Mailing Address 2	
Candidate Residence City, State, Zip Code Norman, OK 73071		Candidate Mailing City, State, Zip Code Norman, OK 73071
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx 405-409-0897	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Candidate Email Address kathleen4normanschools@gmail.com

**2. COMMITTEE INFORMATION**

Candidate Committee Name: Friends of Kathleen Kennedy 23		
Committee Physical Street Address 1 702 Sedona Drive		Committee Mailing Address 1
Committee Physical Street Address 2		Committee Mailing Address 2
Committee City, State, Zip Code Norman, OK 73071		Committee Mailing Address City, State, Zip Code
Phone Number 1 (xxx) xxx-xxxx ext. xxxxx 405-409-0897	Phone Number 2 (xxx) xxx-xxxx ext. xxxxx	Committee Email Address kathleen4normanschools@gmail.com
Committee Website Address kathleenforkids.com	Social Media Account Address Kathleen for Norman Schools - Office 3	Social Media Account Address

**3. COMMITTEE OFFICERS INFORMATION**

Chair's Name (First, Middle, Last) Kathleen Kennedy	Treasurer's Name (First, Middle, Last) Robert M Castleberry	Deputy Treasurer's Name (First, Middle, Last) none
Street Address 1 702 Sedona Drive	Street Address 1 540 Merchant Drive	Street Address 1
Street Address 2	Street Address 2	Street Address 2
City, State, Zip Code Norman, OK 73071	City, State, Zip Code Norman, OK 73069	City, State, Zip Code
Phone Number (xxx) xxx-xxxx ext. xxxxx 405-409-0897	Phone Number (xxx) xxx-xxxx ext. xxxxx 405-364-5830	Phone Number (xxx) xxx-xxxx ext. xxxxx
Email Address kennedy@okcce.com	Email Address rccpa@castleberrycpa.com	Email Address

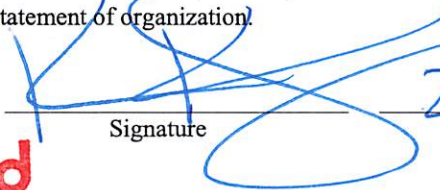
**4. DEPOSITORY INFORMATION**

Account 1	Account 2	Account 3	Account 4
First United Bank			
Street Address 1 570 24th Ave NW	Street Address 1	Street Address 1	Street Address 1
Street Address 2	Street Address 2	Street Address 2	Street Address 2
City, State, Zip Code Norman, OK 73069	City, State, Zip Code	City, State, Zip Code	City, State, Zip Code

I, the candidate identified on this form, acknowledge that the information submitted is complete, true and accurate as of the date submitted. I understand the failure to provide such information is a violation of the laws of Oklahoma. I understand that I can update the information above at any time by filing an amended statement of organization.

*For School District Clerk use only.*

Number assigned: \_\_\_\_\_

  
 Signature \_\_\_\_\_ Date 2-3-23


 2-3-23