



CANDIDATE INFORMATION Please type or print				
Candidate's name as it will appear on ballot: TULSI Gabbard				
Candidate's full legal name: Tulsi Gabbard		Full date of birth: 4/12/1981		
Candidate's residence address: (Street, City, State, ZIP) 175 Ulupa Stre	et, Kailua, HI 96734			
Candidate's mailing address: (Street, City, State, ZIP) PO Box 75255 K	apolei, HI 96707			
Name of recognized political party: Democrat	Filing method (Check One): Filing Fee	Petition		
Optional Information:				
E-mail address: info@tulsi2020.com				
Website address: www.tulsi2020.com				
Oklahoma campaign contact information: Devin	Bull, 808-384-7756, devin@	gtulsi2020.com		
I, the undersigned, swear or affirm that the information provided in this Statement of Candidacy is true and correct, that I am fully qualified to become a candidate for the office of President of the United States, and that I will be fully qualified to hold said office if elected. I further swear or affirm I am a member of a political party recognized under the laws of the State of Oklahoma. I have filed a statement of candidacy with the Federal Election Commission and have raised and expended not less than Five Thousand Dollars (\$5,000.00) for said office.				
Clark Stable				
CANDIDATE'S ORIGINAL SIGNATURE				
	NOTARY			
STATE OF PEW Hampstrike COUNTY OF Hillsmraugh				
Signed and sworn to or affirmed before me on				
DEEDS. HER	(COMMISSION E	123		





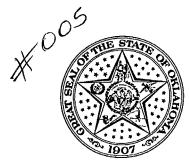
CANI	DIDATE INFORMA Please type or print	ATION		
Candidate's name as it will appear on ballot: Amy Klobuchar				
Candidate's full Amy Jean Klobuchar legal name:			Full date of birth	05/25/1960
Candidate's Place of Residence: (City and State) Minneapolis	s, MN			
Candidate's Mailing Address: (PO Box or Street, City, State, ZIP) P.O. Box 1	8360, Minn	eapolis	s, MN 5541	8
Name of recognized political party: Democratic Party	Filing method (Check One):	Filing Fee		Petition
Optional Information: E-mail address: Info@AmyKlobuchar.c	com			
Website address: www.AmyKlobuchar.	com			
Oklahoma campaign contact information:				
I, the undersigned, swear or affirm that the information provided in this Statement of Candidacy is true and correct, that I am fully qualified to become a candidate for the office of President of the United States, and that I will be fully qualified to hold said office if elected. I further swear or affirm I am a member of a political party recognized under the laws of the State of Oklahoma. I have filed a statement of candidacy with the Federal Election Commission and have raised and expended not less than Five Thousand Dollars (\$5,000.00) for said office.				
	SAI	NDIDATE'S O	RIGINAL SIGNATUR	RE
	NOTARY			
STATE OF California	COUNTY	of los	Ingeles	
Signed and sworn to or affirmed before me on	(BATE) 9 by	Amr	K D bu M ME OF PERSON MAKIN	G STATEMENT)
LASHON JAMES-MAH COMM. #215727 Notary Public - Califor Los Angeles County My Comm. Expires July 15	nia 8 7 7, 2020 [(TITLE AND RAN COMMISSION E	SIM A WS- BIGNATURE OF NOTARIA BICH OF NOTARIAL OFFICE BIGNATURE OFFICE BI	



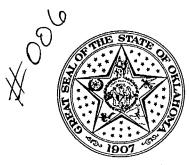
CANI	DIDATE INFORMAT Please type or print	TION		
Candidate's name				
as it will appear on ballot: Elizabeth Wa	rren			
Candidate's full			Full date of birth:	1
legal name: Elizabeth Ann Warre:	n			06/22/1949
Candidate's residence address:			00100	
(Street, City, State, ZIP) 24 Linnaean	St. Cambrid	ge, MA	. 02138	
Candidate's mailing address:				
(Street, City, State, ZIP) P.O. Box 1713	<u>375 Boston, I</u>	<u>MA 02.</u>	11/	
Name of recognized political party:	Filing method	-::	7	Petition
Democratic	(Check One): F	Filing Fee	<u> </u>	remon L
Optional Information:				
E-mail address:				
Website address:				
Oklahoma campaign contact information:	4			
Oklanoma campaign contact information	•			
I, the undersigned, swear or affirm that the information provided in this Statement of Candidacy is true and correct, that I am fully qualified to become a candidate for the office of President of the United States, and that I will be fully qualified to hold said office if elected. I further swear or affirm I am a member of a political party recognized under the laws of the State of Oklahoma. I have filed a statement of candidacy with the Federal Election Commission and have raised and expended not less than Five Thousand Dollars (\$5,000.00) for said office. CANDIDATE'S ORIGINAL SIGNATURE				
	NOTARY			
STATE OF Massachuse	COUNTY	OF Mi	ddlesex	bren
Signed and sworn to or affirmed before me on 1115 19 by Lizabeth Waren (NAME OF PERSON MAKING STATEMENT)				
ELIZABETH R. GWIN Notary Public COMMONWEALTH OF MASSACHUSETT My Commission Expires March 4, 2022		Nota Title and ran Usch	SIGNATURE OF NOTARIA PUBLIC NKOF NOTARIAL OFFIC 2022 EXPIRATION)	



CANDIDATE INFORMATION
CANDIDATE INFORMATION Please type or print
Candidate's name as it will appear on ballot: Zoltan G. Ist van
Candidate's full Zo Han Istvan Cynrko March 30, 1973
Candidate's Place of Residence: (City and State) Mill Valley, CAUfornia
Candidate's Mailing Address: (PO Box or Street, City, State, ZIP) 35 Miller Ave, #102 Mill Valley, CA 94941
Name of recognized political party: Republican Party (Check One): Filing Fee Petition
Optional Information:
E-mail address: ZIO ZOITAN 2020. COM
Website address: WWW. 20Hau2020. Com
Oklahoma campaign contact information: Info@zoHanistvan.com 415.8024891
I, the undersigned, swear or affirm that the information provided in this Statement of Candidacy is true and correct, that I am fully qualified to become a candidate for the office of President of the United States, and that I will be fully qualified to hold said office if elected. I further swear or affirm I am a member of a political party recognized under the laws of the State of Oklahoma. I have filed a statement of candidacy with the Federal Election Commission and have raised and expended not less than Five Thousand Dollars (\$5,000.00) for said office. CANDIDATE'S ORIGINAL SIGNATURE
NOTARY
STATE OF CALIFORN IA COUNTY OF MARIN
Signed and sworn to or affirmed before me on NOV. 21, 2019 by ZOLTAN T. GYORKO (NAME OF PERSON MAKING STATEMENT)
SEAL FAATI MAROOFI NOTARY PUBLIC - CALIFORNIA COMMISSION # 2149163 MARIN COUNTY My Gerim: Exp. May 13, 2020 (COMMISSION EXPIRATION) FAATI MAROOFI (SIGNATURE OF NOTARIAL OFFICER) (TITLE AND RANK OF NOTARIAL OFFICER) (COMMISSION EXPIRATION) (COMMISSION #)



CAN	DIDATE INFORMATION		
Candidate's name Bernie Sanders as it will appear on ballot:	Please type or print		
Candidate's full Bernard Sanders legal name:		Full date of birth: 09/08/1941	
Candidate's residence address: 221 Van Patte (Street, City, State, ZIP)	en Parkway, Burlington, V	T 05408	
Candidate's mailing address: P.O. Box 391, E (Street, City, State, ZIP)	Burlington, VT 05402		
Name of recognized political party: Democratic	Filing method (Check One): Filing Fee	■ Petition	
Optional Information: E-mail address: info@berniesanders.com			
Website address: www.berniesanders.com			
Oklahoma campaign contact information: Josh	· Visnaw, joshvisnaw@be	rniesanders.com	
I, the undersigned, swear or affirm that the information provided in this Statement of Candidacy is true and correct, that I am fully qualified to become a candidate for the office of President of the United States, and that I will be fully qualified to hold said office if elected. I further swear or affirm I am a member of a political party recognized under the laws of the State of Oklahoma. I have filed a statement of candidacy with the Federal Election Commission and have raised and expended not less than Five Thousand Dollars (\$5,000.00) for said office.			
CANDIDATE'S ORIGINAL SIGNATURE			
STATE OF <u>13 Mist of Columbia</u> Sounty of			
Signed and sworn to or affirmed before me on III	(DATE) by BERNAU (N.)	AME OF PERSON MAKING STATEMENT) WE STON SHOW OF STATEMENT) SIGNATURE OF NOTARIAL OFFICER) NK OF NOTARIAL OFFICER) LO23	



CANDIDATE INFORMATION Please type or print				
Candidate's name as it will appear on ballot: KAMALA HARRIS				
Candidate's full legal name: KAMALA DEVI HARRIS		Full date of birth: 10/20/1964		
Candidate's residence address: (Street, City, State, ZIP) 435 N KENTEF	AVE, LOS ANGELES, CA	90049		
Candidate's mailing address: (Street, City, State, ZIP) P.O. BOX 86, BA	LTIMORE, MD 21203			
Name of recognized political party: DEMOCRATIC	Filing method (Check One): Filing Fee	■ Petition		
Optional Information: E-mail address: DAVE@KAMALAHARRIS.OR Website address: WWW.KAMALAHARRIS.OR Oklahoma campaign contact information: N/A				
I, the undersigned, swear or affirm that the information provided in this Statement of Candidacy is true and correct, that I am fully qualified to become a candidate for the office of President of the United States, and that I will be fully qualified to hold said office if elected. I further swear or affirm I am a member of a political party recognized under the laws of the State of Oklahoma. I have filed a statement of candidacy with the Federal Election Commission and have raised and expended not less than Five Thousand Dollars (\$5,000.00) for said office.				
NOTARY				
Signed and sworn to or affirmed before me on 10/25/19 by humble Hearis (NAME OF PERSON MAKING STATEMENT) Lorraine Basch NOTARY PUBLIC BASTIMORE CITY COUNTY MARYLAND MY COMMISSION EXPIRES June 17, 2023 COMMISSION EXPIRATION) COMMISSION #)				

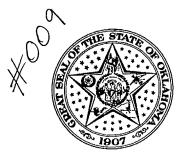


CAN	DIDATE INFORMATION			
Please type or print				
Candidate's name as it will appear on ballot: Pete Buttigleg				
Candidate's full Peter Paul Montgomery	y Buttigieg	Full date of birth: 01/19/1982		
Candidate's residence address: (Street, City, State, ZIP) 107 W North	Shore Drive, South E	Bend, Indiana 46617		
Candidate's mailing address: (Street, City, State, ZIP) P.O. Box 122	6, South Bend, Indian	a 46624		
Name of recognized political party: Democratic	Filing method (Check One): Filing Fee	■ Petition		
Optional Information:				
E-mail address: info@peteforamerica.co	om			
Website address: www.peteforamerica.c				
Oklahoma campaign contact information:				
I, the undersigned, swear or affirm that the information provided in this Statement of Candidacy is true and correct, that I am fully qualified to become a candidate for the office of President of the United States, and that I will be fully qualified to hold said office if elected. I further swear or affirm I am a member of a political party recognized under the laws of the State of Oklahoma. I have filed a statement of candidacy with the Federal Election Commission and have raised and expended not less than Five Thousand Dollars (\$5,000.00) for said office.				
CANDIDATE'S ORIGINAL SIGNATURE				
		A CONTRACTOR OF THE PARTY OF TH		
	NOTARY			
STATE OF <u>Indiana</u>	COUNTY OF	t. Joseph		
Signed and swappritoror affirmed before me on I Signed and Signe	(DAYE) Detro (NAYE) (DAYE) (NAYE) (NAYE) (NAYE) (TITLE AND RANGE (COMMISSION'E	2027 NP0721612		



CAN	DIDATE INFORMATION Please type or print		
Candidate's name as it will appear on ballot: ANDREW YANG	rease type or print		
Candidate's full ANDREW YANG legal name:		Full date of birth: 01/13/75	
Candidate's residence address: (Street, City, State, ZIP) 393 W 49th Str	eet, Apt 5EE, New York, N	7 10019	
Candidate's mailing address: (Street, City, State, ZIP) P.O. Box 214, Mi	dtown Station, New York, N	IY 10018	
Name of recognized political party: Democratic	Filing method (Check One): Filing Fee	Petition	
Optional Information:			
•			
E-mail address: info@yang2020.com			
Website address: www.yang2020.com			
Oklahoma campaign contact information:			
I, the undersigned, swear or affirm that the information provided in this Statement of Candidacy is true and correct, that I am fully qualified to become a candidate for the office of President of the United States, and that I will be fully qualified to hold said office if elected. I further swear or affirm I am a member of a political party recognized under the laws of the State of Oklahoma. I have filed a statement of candidacy with the Federal Election Commission and have raised and expended not less than Five Thousand Dollars (\$5,000.00) for said office. CANDIDATE'S ORIGINAL SIGNATURE			
	NOTARY		
STATE OF	COUNTY OF		
Signed and sworn to or affirmed before me on	(DATE) by(NA	AME OF PERSON MAKING STATEMENT)	
SEAL	(5	E. A HAChek SIGNATURE OF NOTARIAL OFFICER) NK OF NOTARIAL OFFICER) EXPIRATION) (COMMISSION #)	

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See Attached Document (Notary to cross out lin See Statement Below (Lines 1-6 to be complete	es 1–6 below) ed only by document signer[s], <i>not</i> Notary)
2 martin and the second second	
3	
4	
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Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any).
A notary public or other officer completing this certificate document to which this certificate is attached, and not the	te verifies only the identity of the individual who signed the le truthfulness, accuracy, or validity of that document.
State of California County of As Sangeles MELISSA J. NOWAK Notary Public - California Los Angeles County Commission # 2148922 My Comm. Expires May 10, 2020	Subscribed and sworn to (or affirmed) before me on this 15th day of November, 20 19 by Date Month Year (1) Andrew Year (1) Andrew Year (2) Name(s) of Signer(s) proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. Signature Month Year
Seal Place Notary Seal Above	Signature of Notary Public
Though this section is optional, completing this	rIONAL information can deter alteration of the document or form to an unintended document.
Description of Attached Document	6.7
Title or Type of Document: OK Stmt 4 Ca	ndidal 4Document Date:
Number of Pages: Signer(s) Other Than Na	
Manager and Manage	PN org + 1 900 US NOTARY (1-800-876-6827) Item #5910



CANDIDATE INFORMATION Please type or print				
Candidate's name as it will appear on ballot: Deval Patrick	Flease type or print			
Candidate's full legal name: Deval Laurdine Patrick			Full date of birth	[:] 07/31/1956
Candidata's Place of	Massachuset	ts		
Candidate's Mailing Address: (PO Box or Street, City, State, ZIP) 25 Dorchest	ter Avenue,	PO Box	52643, Bost	on, MA 02205
Name of recognized political party: Democratic	Filing method (Check One):	Filing Fee		Petition
Optional Information: E-mail address: info@devalpatrick2020	.com			
Website address: www.devalpatrick202	0.com			
Oklahoma campaign contact information:				
I, the undersigned, swear or affirm that the information provided in this Statement of Candidacy is true and correct, that I am fully qualified to become a candidate for the office of President of the United States, and that I will be fully qualified to hold said office if elected. I further swear or affirm I am a member of a political party recognized under the laws of the State of Oklahoma. I have filed a statement of candidacy with the Federal Election Commission and have raised and expended not-less than Five Thousand Dollars (\$5,000.00) for said office. CANDIDATE'S ORIGINAL SIGNATURE				
	NOTARY		00.	
STATE OF MASSAchufeld		' OF _ Sq.	_ { }	
Signed and sworn to or affirmed before me on LUIS R. YULFO Notary Public Massachusetts	26 NOV 19 by (DATE)	Lead (Title AND RA	SIGNATURE OF NOTWRIVE ON NOT NOT NOT ARRIVED TO THE OF NOTARIAL OFFICE ON NOTARIAL OFFICE OFF	AL OFFICERY OTO VOL IN
My Commission Expires Feb 20, 2026	-	(COMMISSION		(COMMISSION #)