COMMITTEE SCHEDULE F—OFFICEHOLDER EXPENSES

		Amended:
Full Legal Name of Candidate (if applicable)	Full Name of Committee	
Type of Report Partial Quarter	Reporting Period:	Number (if assigned)

Officeholder Expenses	Number	Reporting Period Total	Aggregate Total
of \$200 or less			

OFFICEHOLDER EXPENSES EXCEEDING \$200

		EHOLDER EXPENSES EXCEEDI	10 \$200		
Date	Name and Address of Entity to Whom Expenditure was Made	Description of the Goods or Services Purchased	Amount	Reporting Period Total	Aggregate Total
		NA			
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				77	SA HOMA

Committee Schedule F—Officeholder Expenditures Continued

		Amended:
Full Legal Name of Candidate (if applicable)	Full Name of Committee	
Type of Report Partial Quarter	Reporting Period:	Number (if assigned)

Name and Address of Entity to Whom Expenditure was Made	Description of the Good or Services Purchased	Amount	Reporting Period Total	Aggregate Total
	·			
			-	
			-	
			-	
	Entity to Whom Expenditure was Made	Entity to Whom Expenditure was Made Purchased Purchased	Entity to Whom Expenditure was Made Purchased Amount Amount	Entity to Whom Expenditure was Made Purchased Amount Reporting Period Total