COMMITTEE SCHEDULE F—OFFICEHOLDER EXPENSES

					Amended:
Full Legal N	Name of Candidate (if applicable)	Full Name	e of Committee		
Type of Rep Partial Q	lort uarter	Reporting Perio	id://20		Number (if assigned)
	Officeholder Expenses of \$200 or less	Number	Reporting Period Total	Aggregate Total	
			5/1/20		

OFFICEHOLDER EXPENSES EXCEEDING \$200

OFFICEHOLDER EXPENSÉS EXCEEDING \$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				
					1				
		CITY CLERK OFFICE OF THE							
		2020 DEC -2 PM 2: 23							
		STATE OF OKLAHOMA							

CITY OF TULSA STATE OF OKLAHOMA