COMMITTEE SCHEDULE F—OFFICEHOLDER EXPENSES

			Amended:
Full Legal Name of Candidate (if applicable)	Full Name	e of Committee	
Type of Report Partial Quarter	Reporting Perio	od: 8/1/9	Number (if assigned)
Officeholder Expenses	Number	Reporting Period Total	Aggregate Total
of \$200 or less		8/1/19	
OFFICER	HOLDER EX	KPENSES EXCEEDING S	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
		HT FIT WAS JUST THE WAS JUST TH	7713 CITY		
		2 PN 2:21			