STATE OF OKLAHOMA MUNICIPALITY OF

(Name of Municipality)

POLITICAL COMMITTEE CONTRIBUTIONS AND EXPENDITURES REPORT

AMENDED:

Full Name of Committee Acron		onym	Number (if assigned)		
Type of Political Action Committee and Purpose of Committee					
Λ/A					
Affiliated Corporation or Labor Union Reporting Per			eriod:		
	NO ACTIVITY. This Committee did not receive any funds or contributions, take out any loans, or expend any funds during this reporting period.				
FINAL REPORT. This Committee dissolved in accordance with the Ethics Rules and has no funds remaining.					
Debt. This Committee dissolved with outstanding debt which was resolved as indicated on Schedule J.					
	SCHEDULE SUMMARY		REPORTI	NG AGGREGATE	
1.	1. REPORTING PERIOD BEGINNING BALANCE:				
2.	Monetary Contributions from Individuals [Schedule A]			1.0,	
3.	Monetary Contributions from PACs [Schedule A]			8	
4.	Monetary Contributions from Other Entities [Schedule A][Unlimited Committees Only]			8	
5.	All Other Funds [Schedule B]			2/	
6.	Transfers from Associated PAC's [Schedule B]				
7.	Loans [Schedule C]			0/	
8.	TOTAL FUNDS RECEIVED:			0	
9.	In Kind Contributions [Schedule D]			0	
10.	TOTAL FUNDS AND IN KIND CONTRIBUTIONS RECEIVED:				
11.	General Expenditures Made [Schedule E]			0	
12.	Contributions to Other PACs [Schedule E]			Ö	
13.	Contributions to Political Party Committees [Schedule E]			· ·	
14.	Contributions to Candidate Committees [Schedule E]			8	
15.	Transfers to Associated PACs [Schedule B]			8	
16.	Electioneering Communications [Schedule G]			E .	
17.	. Independent Expenditures [Schedule G]				
18.	Surplus Funds [Schedule H]			e	
19.	TOTAL FUNDS EXP	ENDED:			
20.	Refunds issued [Calculated in Schedules A and B]			0,	
21.	Costs Paid by Affiliated Entities [Schedule I]			Ø	
22.	RÉPORTING PÉRIOD ENDING BA			8	
By signing, electronic or otherwise, my name below, I, acknowledge that the information submitted is complete, true and					

By signing, electronic or otherwise, my name below, I, 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 Contributions and Expenditures Report.

Date submitted

CITY OF TULSA STATE OF OKLAHOMA

Officer or Agent signature