COMMITTEE SCHEDULE A—MONETARY CONTRIBUTIONS

			Amended:	
Full Legal Name of Candidate (if applicable)	Full Name	of Committee		
Lugenit Cul	Cu-	e4D2		
Type of Report	Reporting Period:	, ,	Number (if assign	ed)
Partial Quarter				
Contributions of \$50 or	Number	Reporting Period Total	Aggregate	
less				

CONTRIBUTIONS EXCEEDING \$50

Date	Contributor Information [Name/Address/Occupation/Employer] [Name of Committee, Committee #]	Type of Contributor	Amount	Reporting Period Total	Aggregate Total
					3
		CILL CLERK OFFICE OF THE			
		5050 DEC - 5 BM 5: 5rd			
		STATE OF OKLAHOMA			1

CITY OF TULSA