COMMITTEE SCHEDULE F-OFFICEHOLDER EXPENSES

			,	Amended:	
	Name of Candidate (if applicable)	Full Name	e of Committee		
Type of Report Partial Quarter		Reporting Period: 12 - 1-20		Number (if assigned)	
	Officeholder Expenses of \$200 or less	Number	Reporting Period Total	Aggregate Total	
			12-1-20		

OFFICEHOLDER EXPENSES 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
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