COMMITTEE SCHEDULE F—OFFICEHOLDER EXPENSES

				Amended:			
Full Legal Name of Candidate (if applicable)		Full Name	of Committee				
Type of Report Partial Quarter		Reporting Perio	1/21 - 1/31/21	Number (if assigned)			
	Officeholder Expenses	Number	Reporting Period Total, A	Aggregate Total			
	of \$200 or less		1/1/21 - 7/3//2/				
OFFICEHOLDED EXPENSES EXCEPTING \$200							

		CEHOLDER EXPENSES EXCEEDI	16 \$200		1
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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