Full Leg	tal Name of Candidate (if applicable)	ULE B—TRANSFERS ANI Full Name of Committee)	Amen	
Type of	Report Lagn nit	Reporting Period:	9,	Number (if as	ssigned)
Date	Type of Other Funds	Description of Other Funds	Amount	Reporting Period Total	Aggregate Total
	Select from Drop Down				
	- Select from Drop Down	1/1	1		
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Select from Drop Down

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JUL 1 1 2022