COMMITTEE SCHEDULE F-OFFICEHOLDER EXPENSES

Full La	egal Name of Candidate (if applicable)	Full Name of Committee	ER EXI ENSI	Amended:	
Typeo	f Report Election General	Reporting Period:		Number (if ass	signed)
	Officeholder Expense of \$200 or less	Number Reporting Period T	otal, Aggre	gate Total	
	OFFIC	EHOLDER EXPENSES EXCEEDI	NG S200		
te	Name and Address of Entity to Whom Expenditure was Made	Description of the Goods or Services Purchased	Amount	Reporting Period Total	Aggregate Total
		AM			

A.M. 12:47P.M.
OFFICE OF THE CITY CLERK
BY

FILED CITY OF TULSA

JUL 1 1 2022