## **COMMITTEE SCHEDULE F—OFFICEHOLDER EXPENSES**

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2		Amended:
Full Legal Name of Candidate (if applicable)	Full Name of Committee	
Type of Report Partial Quarter	Reporting Period:	Number (if assigned)

Officeholder Expenses	Number	Rej	porting Pe	eriod Total	Aggregate Tota
of \$200 or less		11	1/27	- 31	31/77

## 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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		JUL 1 1	2022		
		OFFICE OF THE C BY	CITY CLERK	Con	nmittee Schedule F Version 2015.1