COMMITTEE SCHEDULE F—OFFICEHOLDER EXPENSES

	COMMITTEE	CHEDULE	/	Amended:	
Full Legal N	Name of Candidate (if applicable)	Full Nam	e of Committee		
Type of Report Partial Quarter		Reporting Period: 1-ZO		Number (if assigned)	
	Officeholder Expenses	Number	Reporting Period Total	Aggregate Total	

of \$200 or less

OFFICEHOLDER EXPENSES EXCEEDING \$200

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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	Entity to Whom	Entity to Whom Expenditure was Made Purchased Purchased All = A	Entity to Whom Expenditure was Made Purchased Amount Amount	Entity to Whom Purchased Amount Period Total

CITY OF TULSA