COMMITTEE SCHEDULE F—OFFICEHOLDER EXPENSES

			7	Amended:	
Full Legal N	Name of Candidate (if applicable)	Full Name	e of Committee		
Type of Report Partial Quarter		Reporting Period: 3 1-2		Number (if assigned)	
	Officeholder Expenses	Number	Reporting Period Total	Aggregate Total	

OFFICEHOLDER EXPENSES EXCEEDING \$200

of \$200 or less

Date	Name and Address of Entity to Whom Expenditure was Made	Description of the Goods or Services Purchased		Reporting Period Total	Aggregate Total
					1
		LERK	OFFICE OFFICE		
			OSO DEC -S		
			D 10 3141		

CITY OF TULSA STATE OF OKLAHOMA