COMMITTEE SCHEDULE F-OFFICEHOLDER EXPENSES

	2		,	Amended:	
Full Legal	Name of Candidate (if applicable)	Full Nam	Full Name of Committee		
Type of Re Partial Q	port	Reporting Period:		Number (if assigned)	
	Officeholder Expenses of \$200 or less	Number	Reporting Period Total Aggr	egate Total	
			1/1/21-4/1/21	/	

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
					1)
		a Lia Liferi			
		2017 July 11 PM 12- 118			
		STATE OF ORLAHOMA			

CITY OF TULSA STATE OF OKLAHOMA