STA	TE OF OF	CLAHOMA	<b>COUNTY OF</b>	(Name of C	County)

## CONTRIBUTIONS AND EXPENDITURES REPORT FOR INDEPENDENT EXPENDITURES AND ELECTIONEERING COMMUNICATIONS

AMENDED:

Full Name of Committee or Person Making Expenditure	Acronym					
Address of Person Making Expenditure						
Full Name of Person Filing Report	Office or Title of Person Filing Report	Phone Number:				
Address of Person Filing Report	I	<u>l</u>				
Type of Report	Reporting Period:	Ethics Number:				
Contributors to a committee filing this report will be disclosed on Schedule A.						

□ Non-committee filers only. Funds were received from others for the purpose of making independent expenditures or electioneering communications and those contributors are disclosed on Schedule K.

TOTAL EXPENDITURES:	
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Date	Amount	Type of Expense [IE or EC]	Description	Entity Receiving Expenditure [Name and Address]	Name and Office of Candidate