

STATE OF OKLAHOMA MUNICIPALITY OF \_\_\_\_\_ (Name of Municipality)

**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		
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.**

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