

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.

TOTAL EXPENDITURES: _____

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