STATE OF OKLAHOMA

MUNICIPALITY OF _

CANDIDATE COMMITTEE CONTINUING REPORT OF CONTRIBUTIONS

(Name of Municipality)

AMENDED: Number (if assigned)

Full Name of Committee

Type of Report

Full Legal Name of Candidate

Complete Name of Office Sought

Special or General Election Date

Reporting Period:

By signing, electronic or otherwise, my name below, I, acknowledge that the information submitted is complete, true and accurate as of the date submitted. I understand the failure to provide such information is a violation of the Ethics Rules of Oklahoma. I understand that I can update the information above at any time by filing an amended Continuing Report of Contributions.

Date submitted

Officer's signature

Date	Contributor Information [Name/Address/Occupation/Employer] [Name of Committee, Committee #]	Type of Contributor	Amount

Continuing Report of Contributions Continued

	Aı	nended:
Full Legal Name of Candidate (if applicable)	Full Name of Committee	Number (if assigned)
Type of Report	Reporting Period:	1

Date	Contributor Information [Name/Address/Occupation/Employer] [Name of Committee, Committee #]	Type of Contributor	Amount