

STATE OF OKLAHOMA MUNICIPALITY OF _____
(Name of Municipality)

**CANDIDATE COMMITTEE
CONTRIBUTIONS AND EXPENDITURES REPORT**

Full Legal Name of Candidate		AMENDED:
Full Name of Committee		
Complete Name of Office Sought		Special or General Election Date
Type of Report	Reporting Period:	

NO ACTIVITY. This Committee did not receive any funds or contributions, incur any loans, or expend any funds during this reporting period.

FINAL REPORT. This Committee dissolved in accordance with the Ethics Rules and has no funds remaining.

DEBT. This Committee dissolved with outstanding debt which was resolved as indicated on Schedule J.

SCHEDULE SUMMARY		REPORTING PERIOD TOTAL	AGGREGATE TOTAL
1.	REPORTING PERIOD BEGINNING BALANCE:		
2.	Surplus Funds Transferred from Prior Committee [Schedule B]		
3.	Monetary Contributions from Individuals [Schedule A]		
4.	Monetary Contributions from PACs [Schedule A]		
5.	Monetary Contributions from a Political Party [Schedule A]		
6.	All Other Funds [Schedule B]		
7a.	Loans [Schedule C]		
7b.	Loan Forgiveness [Schedule C] <small>Enter as a negative number and add to Schedule A as a contribution.</small>		
8.	TOTAL FUNDS RECEIVED:		
9.	In Kind Contributions [Schedule D]		
10.	Transfer of Assets from Prior Committee (Schedule B)		
11.	TOTAL FUNDS AND IN KIND CONTRIBUTIONS RECEIVED:		
12.	Campaign Expenditures Made [Schedule E] <small>Add loan payments to Schedule E</small>		
13.	Contributions to Candidate Committees [Schedule E]		
14.	Officeholder Expenses [Schedule F]		
15.	Surplus Funds [Schedule H or Schedule B for transfers to new committee]		
16.	TOTAL FUNDS EXPENDED:		
17.	In-Kind Expenditures [Schedule E or H for In-Kind Surplus Funds]		
18.	Transfer of Assets to New Committee (Schedule B)		
19.	Refunds issued [Calculated in Schedules A and B]		
20.	Debt from Prior Committee		
21.	REPORTING PERIOD ENDING BALANCE: <small>[Line 1 + Line 8 - Line 16]</small>		

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 laws of Oklahoma. I understand that I can update the information above at any time by filing an amended Contributions and Expenditures Report.

Date submitted

Officer's signature

Date	First Name	Last Name	Address	City	State	Zip	Employer	Occupation	Amt
12/14/2025	Robin	Rougier	1804 Grassland Cir	Norman	Ok	73072	Vertica Organics	Manager	1
12/15/2025	Rhonda	Stock							500
12/17/2025	Joe	Carter	1524 Magnolia St	Norman	Ok	73072	Oklahoma Equine Hospital	Veterinarian	1000