

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
1/1/2026	Marilyn	Korhonen	PO Box 2985	Norman	Ok	73070	OU	Administrator	50
1/6/2026	Russell	Rice	1854 Rolling Hills St	Norman	Ok	73069	Uber	Driver	25
1/6/2026	Aisha	Ali	1627 Brookhaven Blvd	Norman	Ok	73072	King Copy	Owner	50
1/6/2026	Becky	LeClair	1627 Caddell Ln	Norman	Ok	73072	Retired	Retired	20
1/14/2026	Philip	Hobbs	2801 Victoria Dr	Norman	Ok	73072	Retired	Retired	150
1/14/2026	Rachel	Griffith	1108 7th Ave, 122	Fort Worth	TX	76104	Not Employed	Not Employed	100
1/14/2026	Staci	Hoffman	415 N 190 Rd	Mounds	Ok	74047	Not Employed	Not Employed	50
1/17/2026	Terri	Carter	1524 Magnolia St	Norman	Ok	73072	Terri Carter	Office Management	1041.98
1/19/2026	Ashley	Lee	1331 E 150th St South	Glenpool	Ok	74033	Ashley Lee	Homemaker	50
1/27/2026	Wayne	Bowers	1407 Magnolia St	Norman	Ok	73069q	Retired	Retired	25
									1561.98
IN-KIND 1/7/26	Joe	Carter	1524 Magnolia St	Norman	Ok	73072	Oklahoma Equine Hospital	Veterinarian	215

