STATE OF OKLAHOMA MUNICIPALITY OF Norman

(Name of Municipality)

CANDIDATE COMMITTEE CONTRIBUTIONS AND EXPENDITURES REPORT

Full Legi	al Name of Candidate Kelly Lavon Lynn		AMENDED: 🗸
Full Nam	Kelly Lynn for Norman 2021		<u> </u>
Complete	e Name of Office Sought Norman City Council W3	Special or General I	Election Date 4/6/2021
Type of I	Report 3rd Quarter Reporting Period: 07/01/2021-09/	30/2021	4/0/2021
	O ACTIVITY. This Committee did not receive any funds or contributions		r ownend one funds
du	aring this reporting period.	, meur any toans, o	expend any funds
F	INAL REPORT. This Committee dissolved in accordance with the Ethics	Rules and has no fur	nds remaining.
	DEBT. This Committee dissolved with outstanding debt which was	resolved as indicate	ed on Schedule J.
	SCHEDULE SUMMARY	REPORTING PERIOD TOTAL	
1.	REPORTING PERIOD BEGINNING BALANCE;	\$ 56.03	
2.	Surplus Funds Transferred from Prior Committee [Schedule B]		
3.	Monetary Contributions from Individuals [Schedule A]	\$1,000	\$56,816.69
4.	Monetary Contributions from PACs [Schedule A]		
5.	Monetary Contributions from a Political Party [Schedule A]		
6.	All Other Funds [Schedule B]	\$ 50	\$1,665
7a.	Loans [Schedule C]		
7b.	Loan Forgiveness [Schedule C] Enter as a negative number and add to Schedule A as a contribution.	(\$1,000)	\$7,000
8.	TOTAL FUNDS RECEIVED:	\$ 50	\$65,481.69
9.	In Kind Contributions [Schedule D]		\$ 700.41
10.	Transfer of Assets from Prior Committee (Schedule B)		
11.	TOTAL FUNDS AND IN KIND CONTRIBUTIONS RECEIVED:	\$ 50	\$66,182.10
12.	Campaign Expenditures Made [Schedule E] Add loan payments to Schedule E	\$ 15.50	\$65,391.16
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:	\$ 15.50	\$65,391.16
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: [Line 1 + Line 8 - Line 16]	\$ 90.53	

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 appropriate of the laws of Oklahoma. I understand that I can update the information above at any time by filing an appropriate of the laws of Oklahoma.

8/16/22	OF THE CITY CLERK	1 Cere	
Date submitted	ON 8-18-22	Officer's signature	v 2021.1

COMMITTEE SCHEDULE A—MONETARY CONTRIBUTIONS

				Amended: ✓
Full Legal Name of Candidate (if applicable)		Full Name	of Committee	
Kelly Lavon Lynn		Kelly Lyr	n for Norman 2021	
Type of Report	Re	oorting Period:		Number (if assigned)
Quarterly	7/1	/2021 to 9/3	0/2021	(
	_			

Contributions of \$50 or	Number	Reporting Period Total	Aggregate
less	0	\$ 0.00	\$1,291.69

CONTRIBUTIONS EXCEEDING \$50

Date	Contributor Information [Name/Address/Occupation/Employer] [Name of Committee, Committee #]	Type of Contributor	Amount	Reporting Period Total	Aggregate Total
7/16/2021	Daniel Fleming 11075 E 900 N Sheridan, IN 46069	Individual	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00

COMMITTEE SCHEDULE B—TRANSFERS AND OTHER FUNDS RECEIVED

Amended: ✓

Full Legal Name of Candidate (if applicable)	Full Name of Committee	
Kelly Lavon Lynn	Kelly Lynn for Ward 3 2021	
Type of Report	Reporting Period:	Number (if assigned)
3rd Quarter	07/01/2021 - 09/30/2021	(5 ,

Date	Type of Other Funds	Description of Other Funds	Amount	Reporting Period Total	Aggregate Total
08/02/21	Refund	Return of filing fee from Election Board	\$ 50.00	\$ 50.00	\$ 50.00
	Select from Drop Down				
	Select from Drop Down				
	Select from Drop Down				
	Select from Drop Down				
	Select from Drop Down				
	Select from Drop Down				
	Select from Drop Down				
	Select from Drop Down				
	Select from Drop Down				
	Select from Drop Down				
	Select from Drop Down				
	Select from Drop Down				
	Select from Drop Down				

COMMITTEE SCHEDULE C--LOANS

							Amended:
Full Legal Name of Candidate (if ap Kelly Lavon Lynn	plicable)		Full Name of Com Kelly Lynn for				
Type of Report			rting Period	(VOITIGIT EUE)			Ethics Number
Quarterly	N.	7/01	/21-09/30/21				
BEGINNING OF REPORT	TING	RF	PORTING PERI	OD TOTAL O	F E	ND OF	REPORTING PERIOD
PERIOD TOTAL LOAN BA			AYMENTS MAD				AL LOAN BALANCE
\$8000			\$100	0			\$7000
✓ SELF (Candidate)	COM	MER	CIAL FINANC	IAL INSTITU	UTION		OTHER 3 RD PARTY
NAME			ADDRESS		OTHER 3 RD	PARTY	ONLY (Occupation and Employer)
Kelly Lynn			uail Springs Dr. I, OK 73072				
Date of Loan 2/3/2021	0		ate (0% by law if lender	is self)	Amount of 1. \$ 11,000.0		
2/3/2021			ompletion of camp	naign finance	\$ 11,000.1	30	
Loan Terms:	repaid 0	зроп с	ompletion of camp	Daigii iiilarice.			
			Reporting Period	or Loan Beginning	Balance	Re	porting Period Ending Balance
REPAYMENT INFOR	MATIO	N	\$ 3,000.00			\$ 2,00	00.00
Payment Dates		Desc	ription	An	ount		Loan Balance
08/12/21	Ļ	Loan Repayment			\$ 1,000.00		\$ 2,000.00
✓ SELF (Candidate)	COM	MER	CIAL FINANC	IAL INSTITU	UTION		OTHER 3 RD PARTY
NAME		600 O	ADDRESS		OTHER 3 RD	PARTY	ONLY (Occupation and Employer)
Kelly Lynn			uail Springs Dr. , OK 73072				
Date of Loan	li li	nterest R	ate (0% by law if lender	is self)	Amount of L	oan	
3/28/2021	0				\$ 5,000.00)	
Loan Terms:	Repaid u	ipon co	ompletion of camp	paign finance.			
			Reporting Period	or Loan Beginning	Balance	Re	porting Period Ending Balance
REPAYMENT INFOR	MATIO	N	\$ 5,000.00			\$ 5,00	00.00
Payment Dates		Desci	ription	An	ount		Loan Balance
	l						

COMMITTEE SCHEDULE E—GENERAL EXPENDITURES

			Amended:
Full Legal Name of Candidate (if applicable)		Full Name of Committee	
Kelly Lavon Lynn		Kelly Lynn for Norman 2021	
Type of Report:	Reporti	ng Period	
Quarterly	07-01-	-21 thru 09-30-21	

Expenditures of \$200	Number	Reporting Period Total	Aggregate Total
or less	1	\$ 15.50	\$ 15.50

GENERAL EXPENDITURES EXCEEDING \$200

		CEALENDII	RES EXCEEDING S	200		
Date	Entity Receiving Expenditure [Name, Address] or [Committee Name, Committee #]	Category of Expenditure	Description of the Goods or Services Purchased	Amount	Reporting Period Total	Aggregate Total
			_			
	,					