

2024 CAMPAIGN FINANCE CANDIDATE 2ND REPORT



2024 GENERAL ELECTION
JUNE 3, 2024

The Campaign Finance Report Instruction Guide explains how to complete this form.

1. CANDIDATE NAME (First and Last)
John Maker

REPORTING PERIOD

2. START DATE May 11, 2024 3. END DATE June 10, 2024

BANK BALANCE

4. BEGINNING \$1854.80 5. END \$362.68

6. TOTAL CAMPAIGN DONATIONS		\$ 200.00
A: MONETARY	\$ 200.00	
B: ELECTRONIC	\$	
C: CANDIDATE SELF-DONATIONS	\$	
D: LLC / PARTNERSHIP MEMBER	\$	
E: NON-MONETARY (IN-KIND)	\$	

7. TOTAL EXPENDITURES	\$ 1692.12
8. TOTAL REFUNDS/CREDITS	\$ 0
9. UNPAID INCURRED OBLIGATIONS	\$ 0
10. TOTAL SELF-DONATIONS RETURNED TO CANDIDATE	\$ 0
11. UNEXPENDED FUNDS	\$ 362.68

12. INTENDED USE OF UNEXPENDED FUNDS
Donate to myself

13. TOTAL PAGES FILED
11

By signing below, I verify that this report is true and correct and includes all information required to be reported. I do not expect any further contributions or expenditures in connection with my candidacy.

John F. Maker

CANDIDATE SIGNATURE

6/10/24

DATE SIGNED

RETURN TO → EMAIL: electionoffice@osagenation-nsn.gov
MAIL: Wahzhazhe Elections, PO Box 928, Pawhuska, OK 74056
IN PERSON: 608 Kihakah Ave.
FAX: 918-287-5292

FOR OFFICE USE ONLY

RECEIVED
JUN 10 2024
Wahzhazhe Elections

OF PAGES RECEIVED 19

REPORT DEADLINE: JUNE 10, 2024

FOR QUESTIONS: EMAIL: electionoffice@osagenation-nsn.gov CALL: 877-560-5286 or 918-287-5286

SCHEDULE A – CAMPAIGN FINANCE

MONETARY DONATIONS



If the requested information is not applicable, DO NOT include this page in the report.

The Campaign Finance Report Instruction Guide explains how to complete this form.

A. CANDIDATE NAME (First and Last) John Maker	B. PAGE TOTAL \$ 200.00
---	-----------------------------------

	DATE	FULL NAME	EMPLOYER	AMOUNT
1.	5/28/24	Howard & Priscilla Iba	Retired	\$ 200.00
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
11.				\$
12.				\$
13.				\$
14.				\$

SCHEDULE B – CAMPAIGN FINANCE



ELECTRONIC DONATIONS

If the requested information is not applicable, DO NOT include this page in the report.

The Campaign Finance Report Instruction Guide explains how to complete this form.

A. CANDIDATE NAME (First and Last) John Walker	B. PAGE TOTAL \$ 0
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	DATE	FULL NAME	EMPLOYER	AMOUNT
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
11.				\$
12.				\$
13.				\$
14.				\$
15.				\$
16.				\$
17.				\$
18.				\$
19.				\$
20.				\$

SCHEDULE C – CAMPAIGN FINANCE



CANDIDATE SELF-DONATIONS

If the requested information is not applicable, DO NOT include this page in the report.

The Campaign Finance Report Instruction Guide explains how to complete this form.

A. CANDIDATE NAME (First and Last) <div style="font-size: 1.2em; font-family: cursive; margin-left: 40px;">John Maker</div>	B. PAGE TOTAL <div style="font-size: 1.2em; margin-left: 20px;">\$ 0</div>
---	--

DATE	AMOUNT
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
COLUMN TOTAL	\$

DATE	AMOUNT
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
16.	\$
17.	\$
18.	\$
19.	\$
20.	\$
COLUMN TOTAL	\$

SCHEDULE D – CAMPAIGN FINANCE LLC / PARTNERSHIP MEMBER DONATIONS



If the requested information is not applicable, DO NOT include this page in the report.

The Campaign Finance Report Instruction Guide explains how to complete this form.

A. CANDIDATE NAME (First and Last) <i>John Maker</i>	B. PAGE TOTAL \$ 0
--	------------------------------

1.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
MAILING ADDRESS				
2.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
MAILING ADDRESS				
3.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
MAILING ADDRESS				
4.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
MAILING ADDRESS				
5.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
MAILING ADDRESS				
6.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
MAILING ADDRESS				
7.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
MAILING ADDRESS				
8.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
MAILING ADDRESS				
9.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
MAILING ADDRESS				
10.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
MAILING ADDRESS				

SCHEDULE E – CAMPAIGN FINANCE NON-MONETARY (IN-KIND) DONATIONS



If the requested information is not applicable, DO NOT include this page in the report.

The Campaign Finance Report Instruction Guide explains how to complete this form.

A. CANDIDATE NAME (First and Last) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">John Maker</div>	B. PAGE TOTAL <div style="text-align: center; font-size: 1.2em;">\$ 0</div>
--	---

1.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
2.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
3.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
4.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
5.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
6.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
7.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
8.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
9.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
10.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			

SCHEDULE F – CAMPAIGN FINANCE



EXPENDITURES

If the requested information is not applicable, DO NOT include this page in the report.

The Campaign Finance Report Instruction Guide explains how to complete this form.

A. CANDIDATE NAME (First and Last) John Maker	B. PAGE TOTAL \$ 1,692.12
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#	DATE	PAYEE	DESCRIPTION	AMOUNT
1.	5/13/24	Tyler Printing	Campaign Ad.	\$ 415.00
2.	5/13/24	Quik Print Tulsa	Campaign Ad	\$ 735.64
3.	5/20/24	Hominy Bank	Check Fee	\$.45
4.	5/20/24	Hominy Bank	Deposit Fee	\$.45
5.	6/3/24	Walmart	Camp Supplies	\$ 25.08
6.	6/3/24	Cash Saver	Camp Supplies	\$ 37.29
7.	6/3/24	Butcher House	Meat for meat pies	\$ 178.21
8.	6/3/24	Dana Maker	Meat Pies	\$ 300.00
9.				\$
10.				\$
11.				\$
12.				\$
13.				\$
14.				\$
15.				\$
16.				\$
17.				\$
18.				\$
19.				\$
20.				\$

SCHEDULE G – CAMPAIGN FINANCE



REFUNDS / CREDITS

If the requested information is not applicable, **DO NOT** include this page in the report.

The Campaign Finance Report Instruction Guide explains how to complete this form.

A. CANDIDATE NAME (First and Last) John Maker	B. PAGE TOTAL \$ 0
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DATE	PAYOR	DESCRIPTION	AMOUNT
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$
16.			\$
17.			\$
18.			\$
19.			\$
20.			\$

SCHEDULE H – CAMPAIGN FINANCE



UNPAID INCURRED OBLIGATIONS

If the requested information is not applicable, DO NOT include this page in the report.

The Campaign Finance Report Instruction Guide explains how to complete this form.

A. CANDIDATE NAME (First and Last) John Maker	B. PAGE TOTAL \$ 0
--	------------------------------

	DATE	PAYEE	DESCRIPTION	AMOUNT
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
11.				\$
12.				\$
13.				\$
14.				\$
15.				\$
16.				\$
17.				\$
18.				\$
19.				\$
20.				\$

SCHEDULE I – CAMPAIGN FINANCE SELF-DONATIONS RETURNED TO CANDIDATE



If the requested information is not applicable, DO NOT include this page in the report.

The Campaign Finance Report Instruction Guide explains how to complete this form.

A. CANDIDATE NAME (First and Last) John Maker	B. PAGE TOTAL \$ 0
--	------------------------------

DATE	AMOUNT
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
COLUMN TOTAL	\$

DATE	AMOUNT
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
16.	\$
17.	\$
18.	\$
19.	\$
20.	\$
COLUMN TOTAL	\$

SCHEDULE J – CAMPAIGN FINANCE



ACCOUNT RECONCILIATION

If the requested information is not applicable, DO NOT include this page in the report.

The Campaign Finance Report Instruction Guide explains how to complete this form.

A. CANDIDATE NAME (First and Last) <i>John Maker</i>	B. PAGE TOTAL \$ 0
--	------------------------------

	PAYEE	AMOUNT
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
16.		\$
17.		\$
18.		\$
19.		\$
20.		\$

117 North Price
P. O. Box 8
Hominy, OK 74035
918-885-2161



1stbankhominy.com

JOHN F MAKER
OSAGE CONGRESS 2020

INTEREST RECEIVED TO DATE	CUSTOMER NUMBER	
INTEREST PAID TO DATE	STATEMENT PERIOD FROM	TO
	04/22	05/20/2024
	PAGE NUMBER	2

Please examine at once. Check your statement and report any discrepancy within ten days. Please direct any inquiries regarding your account to the above address.

See reverse side for additional information

Withdrawals and other Debit Transactions	
04/25/24	112.13
05/01/24	381.15
05/20/24 PER CHECK FEE	.45
05/20/24 PER DEPOSIT FEE	.45

ACCOUNT	PREVIOUS BALANCE	TOTAL DEBITS		TOTAL CREDITS		FEE	CLOSING BALANCE	ENCLOSURE
		NUMBER	AMOUNT	NUMBER	AMOUNT			
CHECKING	2,409.05	7	1,929.89	3	225.00	.90	703.26	6

CHECKING DEPOSIT

NAME John Maker CURRENCY COIN

CHECKS 50.00
(LIST SEPARATELY)

SIGNATURE _____ DATE 4-26-24 REC'D BY HIO

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT AND MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL.

ACCOUNT _____ SUB-TOTAL LESS CASH RECEIVED

\$ 50.00

:50 1 0000:

Acct Credit, 4/26/2024, \$50.00

CHECKING DEPOSIT

NAME John Maker CURRENCY COIN

CHECKS 100.00
(LIST SEPARATELY)

SIGNATURE _____ DATE 4-29-24 REC'D BY HIO

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT AND MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL.

ACCOUNT _____ SUB-TOTAL LESS CASH RECEIVED

\$ 100.00

:50 1 0000:

Acct Credit, 4/29/2024, \$100.00

CHECKING DEPOSIT

NAME John Maker CURRENCY COIN

CHECKS 75.00
(LIST SEPARATELY)

SIGNATURE _____ DATE 5-9-24 REC'D BY HIO

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT AND MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL.

ACCOUNT _____ SUB-TOTAL LESS CASH RECEIVED

\$ 75.00

:50 1 0000:

Acct Credit, 5/9/2024, \$75.00

JOHN MAKER
ORARE 40000000

DATE 5/1/24 4000
86-4841031

PAY TO THE ORDER OF Maria Whitehorn \$ 143.13
One Hundred and Forty Three and 1/100 DOLLARS

SGBANK (878) 885-2101
PO. BOX # 117 N. PRICE

FOR _____ John Maker MP

Acct Check #4000, 5/2/2024, \$143.13

DEBIT CHECKING TRANSACTION

CUSTOMER NAME John Maker DATE 4-25-24 APPROVED BY HIO

SIGNATURE John Maker CREDIT (12) DEPOSIT DEBIT (26) FORCE PAY W/0 CHARGE (36) PRIORITY PAY (89) REG W/0

DESCRIPTION _____

ACCOUNT NUMBER _____ TRAM CODE * 60 TOTAL AMOUNT \$ 112.13

:50 1 0 0000:

Acct Debit, 4/25/2024, \$112.13

DEBIT CHECKING TRANSACTION

CUSTOMER NAME John Maker DATE 5-1-24 APPROVED BY HIO

SIGNATURE John Maker CREDIT (12) DEPOSIT DEBIT (26) FORCE PAY W/0 CHARGE (36) PRIORITY PAY (89) REG W/0

DESCRIPTION _____

ACCOUNT NUMBER _____ TRAM CODE * 60 TOTAL AMOUNT \$ 381.15

:50 1 0 0000:

Acc: Debit, 5/1/2024, \$381.15



JOHN F MAKER
OSAGE CONGRESS 2020

STATEMENT OF ACCOUNT

Direct Inquires To:

1st Bank in Hominy

117 N Price Ave
Hominy, OK 74035

Tel: (918) 885-2161

Fax: (918) 885-2822

MEMBER FDIC

INTEREST RECEIVED TO DATE		CUSTOMER NUMBER	
INTEREST TO DATE		FROM DATE	TO DATE
		05/20	06/05/2024
SSN		PAGE	1

THIS IS A STATEMENT REPRODUCTION.

***** CHECKING ACCOUNT *****#		PREVIOUS BALANCE	703.26
Date	Check# Transaction Type	Credits	Debits Balance
05/28/24	Deposit	200.00	903.26
06/03/24	POS Item		25.08 878.18
	WM SUPERCENTER #838		SAND SPRINGS OK
06/03/24	POS Item		37.29 840.89
	CASH SAVER		CLEVELAND OK
06/03/24	POS Item		178.21 662.68
	NWS OSAGE NATION BU002066		HOMINY OK
06/03/24	ATM Item		300.00 362.68
	117 N PRICE STREET		HOMINY OK

Electronic Transactions

06/03/24	WM SUPERCENTER #838	SAND SPRINGS OK	25.08 Debit
06/03/24	CASH SAVER	CLEVELAND OK	37.29 Debit
06/03/24	NWS OSAGE NATION BU002066	HOMINY OK	178.21 Debit
06/03/24	117 N PRICE STREET	HOMINY OK	300.00 Debit

Deposits and other Credit Transactions

05/28/24	Deposit	200.00
----------	---------	--------

ACCOUNT	PREVIOUS BALANCE	TOTAL DEBITS		TOTAL CREDITS		FEE	CLOSING BALANCE	ENCL
		NUM	AMOUNT	NUM	AMOUNT			
CHECKING	703.26	4	540.58	1	200.00		362.68	1

Acct.

Credit, Amt. \$200.00, 05/28/2024, Seq. # 5004470

CHECKING DEPOSIT

NAME John Makee

CURRENCY

COIN

CHECKS (LIST SEPARATELY)

SIGNATURE

DATE 5-28-24

REC'D BY RK

P. IBA #229

200 00

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT AND MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

SUB-TOTAL LESS CASH RECEIVED

ACCOUNT

\$ 200.00

⑆501100000⑆

Seq #46 Tellers: Tellers

FBH052824:05 000004470 1stBankHominny>103104641<
052824 4:21:04 PM

Please retain this statement. It is a permanent record of your transactions.

How To Balance Your Checking Account

1. List All Outstanding Deposits

On the chart below, enter all deposits made after the closing date of this statement.

Outstanding Deposit Date	Amount	Outstanding Deposit Date	Amount
	\$		\$
Total Deposits Outstanding			\$

2. List All Outstanding Checks

Obtain your check register and check off all items that appear on your checking account statement. If any of the items on your statement are not in your account register, then verify they are your items. If so, record them in your account register and adjust your register balance. Then, on the chart below, list all the checks you have written that are still outstanding (i.e. that have not cleared your account yet).

Outstanding Check #	Amount	Outstanding Check #	Amount
	\$		\$
Total Checks Outstanding			\$

3. List Any Fees/Charges

On the chart below, enter any fees/charges or interest listed on this statement that have not yet been entered in your check register.

Statement Fees/Charges Date	Amount	Statement Interest Date	Amount
	\$		\$
Total Fees	\$	Total Inter	\$

- Enter the last "New Balance" on this statement: \$ _____
- Add the Total Outstanding Deposits (see 1): + \$ _____
Balance: \$ _____
- Subtract the Total Outstanding Checks (see 2): - \$ _____
This is your **Adjusted Statement Balance**: \$ _____
- Enter your last balance from your check register: \$ _____
- Subtract the Total Fees/Charges (see 3): - \$ _____
Balance: \$ _____
- Add the Total Interest (see 3): + \$ _____
This is your **Adjusted Register Balance**: \$ _____

Your **Adjusted Statement Balance** should equal your **Adjusted Register Balance**

If It Doesn't Balance

- Check your math in steps 1 through 9.
- Make sure that the dollar amounts of the withdrawals listed in this statement are *the same* as those recorded in your check register.
- Check your math in your register.
- Make sure that the dollar amounts of the deposits listed in this statement are *the same* as those recorded in your check register.

Error Resolution Notice

In case of errors or questions about your electronic transfers, telephone us at 918.885.2161, write us at 1st Bank in Hominy, P.O. Box 8, Hominy, OK 74035, or email us at www.1stbankinohminy.com as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 calendar days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
 - Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
 - Tell us the dollar amount of the suspected error.
- If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days (5 business days for VISA® Check Card point-of-sale transactions processed by Visa and 20 business days if the transfer involved a new account) after we hear from you we will correct any error promptly. If we need more time, however, we may take up to 45 days (90 days if the transfer involved a new account, a point-of-sale transaction, or a foreign-initiated transfer) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days for VISA® Check Card point-of-sale transactions processed by Visa and 20 business days if the transfer involved a new account) for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account is opened.

Billing Rights Summary

The Federal Truth in Lending Act requires prompt correction of mistakes on your Statement of Account. If you want to preserve your rights under the Act, here is what to do if you think your statement is wrong, or if you need more information about a transaction on your statement:

Write us at 1st Bank (on a separate sheet) as soon as possible at the inquiry address on the reverse side of this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights under the law.

- In your letter, please supply the following information:
- Your name and account number (if any);
 - The dollar amount of the suspected error;
 - A full description of the suspected error, transfer or payment, and explain as clearly as you can why you believe there is an error or why you need more information.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. During our investigation of your inquiry, 1st Bank cannot report the amount you question as delinquent or take any action to collect that amount.

1ST BANK IN HOMINY
P.O. BOX 8
HOMINY, OK 74035

MEMBER FDIC



CONGRESS ☆

count Details

\$362.68

Previous Day Balance ⓘ

\$362.68

Available Balance ⓘ

as of 6/06/2024 9:52 AM





Activity Alerts Statements Future view

Transfer In

Transfer Out

Date Range

05/07/2024 - 06/07/2024

Date ↕	Description ▼ 	View All 	Category ▼ 	Credit Debit ▼	Balance
06/03/2024	Daily Ledger Balance				362.68
06/03/2024	117 N PRICE STREET HOMINY OK		Select one ▼	-300.00	362.68
06/03/2024	NWS OSAGE NATION BU002066 HOMINY OK		Select one ▼	-178.21	662.68
06/03/2024	CASH SAVER CLEVELAND OK		Select one ▼	-37.29	840.89
06/03/2024	WM SUPERCENTER #838 SAND SPRINGS OK		Select one ▼	-25.08	878.18
05/31/2024	Daily Ledger Balance				903.26
05/28/2024	Daily Ledger Balance				903.26
05/28/2024	REGULAR DEPOSIT		Select one ▼	\$200.00	903.26
05/20/2024	Daily Ledger Balance				703.26
05/20/2024	PER DEPOSIT FEE		Select one ▼	-0.45	703.26

Date	Description	View All	Category	Credit Debit	Balance
05/20/2024	PER CHECK FEE		Select one	-0.45	703.71
05/13/2024	<i>Daily Ledger Balance</i>				704.16
05/13/2024	QUIK PRINT OF TULSA INC 1 TULSA OK		Select one	-735.64	704.16
05/13/2024	TYLERDOG CARDS & GIFTS TYLERDOG.COM OK		Select one	-415.00	1,439.80
05/10/2024	<i>Daily Ledger Balance</i>				1,854.80
05/09/2024	<i>Daily Ledger Balance</i>				1,854.80
05/09/2024	REGULAR DEPOSIT		Select one	\$75.00	1,854.80
05/08/2024	<i>Daily Ledger Balance</i>				1,779.80
05/08/2024	FSP*FINE AIRPORT PARKING TULSA OK		Select one	-104.72	1,779.80
05/07/2024	<i>Daily Ledger Balance</i>				1,884.52