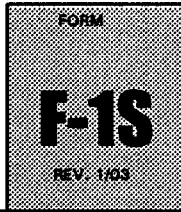


SUPPLEMENT TO F-1R

For Compensated Filers

Please type or print clearly in black ink. Please consult Title 74 O.S. Supp. 2002, Ch. 62 App., 257:15-1-1 et seq. and Ethics Manual to complete this statement.



EC OFFICE USE

1. NAME OF FILER: (No nicknames, please)	BIRTH DATE:
FILER'S COMPLETE MAILING ADDRESS AND WORK PLACE TELEPHONE NUMBER: Mailing address Work place telephone number	
City State Zip	Number Assigned by Ethics Commission

2. FILING STATUS: Date of activity requiring this supplement to be filed:

<input type="checkbox"/> Chief administrative officer or first deputy	Date of appointment employment or assumed duties	Title of office	Governmental entity served
<input type="checkbox"/> State employee	Date of employment	Job classification	Governmental entity served
<input type="checkbox"/> State officer--Ethics Commissioner--Public Member [compensated]	Date appointed, elected or assumed duties of office	Term of office	Title of office Governmental entity served
<input type="checkbox"/> Candidate for elective state office	Month/year of General Election or Special General Election	Office sought	Term of office sought Governmental entity to be served if elected

3. Clients to be represented before regulatory state government agencies. Give the name and address of any client from whom the filer or the filer's spouse contracted with or received payments exceeding one thousand dollars (\$1,000) in amount or value within the previous ten-day period for representation before a regulatory state governmental agency, as listed in Section 3 of Chapter 23 of this title:

Name of client	Address of client

4. Certification. I hereby certify that the statements contained herein are true and correct to the best of my knowledge.

FILER'S signature	Date
X	

**File with: Ethics Commission, 2300 N Lincoln Blvd, Rm B5, Oklahoma City, OK 73105-4812
405/521-3451 • FAX 521-4905**