SEEC FORM 20 Revised January 2015

Section P ADDITIONAL PAGE _____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT	
P. Expenses Paid by Committee					
Name of Payee		v	Date of Payment	Method of Payment:	
,				☐ Check #	
				☐ Debit Card ☐ EFT	
Street Address		City		State Zip Code	
				James P	
Purpose of Expenditure	Description	Eve	ent#	Amount	
(by code)				111104111	
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			rked)		
(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Independent				
	☐ Coordinated with reimbursement sought (in-kind contri	•			
Name of Payee Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D Date of Payment				Method of Payment:	
rume of rayee			Bute of Fuyment	Check #	
				☐ Debit Card ☐ EFT	
Street Address		City		State Zip Code	
Purpose of Expenditure	Description	Eve	nt#	Amount	
(by code)				Amount	
Expenditure #	Type of Evnenditure (Itamization in Addandum P Required un	less "None of the helow" is chec	kod)		
(if applicable)					
	Coordinated with reinhoursement sought (in-kind contril				
☐ Coordinated without reimbursement sought (in-kind contribution)				Method of Payment:	
Name of Fayee			Check #		
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Street Address		City		State Zip Code	
		,		P	
Purpose of Expenditure	Description	Eve	nt #	Amount	
(by code)				rimount	
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					
(if applicable)	nlicable) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent				
	Coordinated without reimbursement sought (in-kind conti	•	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
Name of Payee		Organization	Date of Payment	Method of Payment:	
· · · ,			 	Check #	
				☐ Debit Card ☐ EFT	
Street Address		City	1	State Zip Code	
Purpose of Expenditure	Description	Eve	ent #	Amount	
(by code)					
Expenditure #					
(if applicable)	□ None of the below				
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent				
☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○ A ○ B ○ C ○ D					
SUBTOTAL Section P — This Page					
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE					
(Enter total on Line 19, Column A of Summary Page Totals)					