SEEC FORM 20

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT		
	O. Campaign Exp	enses Paid by Candida	nte			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	· ·	Date of Payment	Is reimh	oursement claimed?	
	,					
					Yes No	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description	Ev	ent #		Amount	
(by code)	2000, p.100.				1 mount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date o			Date of Payment	Is reimb	oursement claimed?	
					Yes □ No	
0		T =:				
Street Address		City		State	Zip Code	
Purpose of Expenditure Description		Ev	Event #		Amount	
(by code)						
Name of Payee (Name of V	(endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?	
					Yes 🔲 No	
Street Address		City		State	Zip Code	
Street Hadress		City		State	Zip code	
Purpose of Expenditure	Description	Ev	ent #		Amount	
(by code)						
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Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of			Date of Payment	Is reimb	oursement claimed?	
					Yes 🔲 No	
Street Address			City			
Street Address		City		State	Zip Code	
Sirect Address		City		State	Zip Code	
Purpose of Expenditure	Description		ent#		Zip Code Amount	
	Description		ent#			
Purpose of Expenditure (by code)					Amount	
Purpose of Expenditure (by code)	Description endor, Person or Entity who candidate paid directly)		ent # Date of Payment	Is reimb	Amount oursement claimed?	
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Purpose of Expenditure (by code)				Is reimb	Amount oursement claimed?	
Purpose of Expenditure (by code) Name of Payee (<i>Name of V</i>		Ev		Is reimb	Amount oursement claimed? Yes	
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Purpose of Expenditure (by code) Name of Payee (<i>Name of V</i>	endor, Person or Entity who candidate paid directly)	City	Date of Payment	Is reimb	Amount oursement claimed? Yes No Zip Code	
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