

Section O. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>					TYPE OF REPORT	
O. Expenses Paid by Candidate						
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event #		Amount
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event #		Amount
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event #		Amount
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event #		Amount
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event #		Amount
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Event #		Amount
SUBTOTAL Section O — This Page						