NAME OF COMMITTEE *(Provide Complete Name as Registered with Commission)*	TYPE OF REPORT

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
	☐ Visa ☐ Master Card ☐ Discover ☐ American Express
	☐ Other _____

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code

Purpose of Expenditure *(by code)*	Description	**Amount**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No	Expenditure # *(if applicable)*	Event #
If yes, assign an **Expenditure #** and complete **Itemization in Addendum P**		

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code

Purpose of Expenditure *(by code)*	Description	**Amount**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No	Expenditure # *(if applicable)*	Event #
If yes, assign an **Expenditure #** and complete **Itemization in Addendum P**		

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code

Purpose of Expenditure *(by code)*	Description	**Amount**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No	Expenditure # *(if applicable)*	Event #
If yes, assign an **Expenditure #** and complete **Itemization in Addendum P**		

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code

Purpose of Expenditure *(by code)*	Description	**Amount**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No	Expenditure # *(if applicable)*	Event #
If yes, assign an **Expenditure #** and complete **Itemization in Addendum P**		

SUBTOTAL Section P — This Page	