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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor

Name of Vendor Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check #_____ ☐ Debit Card ☐ EFT

Street Address of Vendor	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 #

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor

Name of Vendor Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check #_____ ☐ Debit Card ☐ EFT

Street Address of Vendor	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 #

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor

Name of Vendor Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check #_____ ☐ Debit Card ☐ EFT

Street Address of Vendor	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 #

SUBTOTAL Section R — This Page	