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

O. Expenses Paid by Candidate

Name of Payee *(Name of vendor who candidate paid directly)*		Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City	State — Zip Code	**Amount**
Purpose of Expenditure *(by code)* — Description		Event #	

Name of Payee *(Name of vendor who candidate paid directly)*		Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City	State — Zip Code	**Amount**
Purpose of Expenditure *(by code)* — Description		Event #	

Name of Payee *(Name of vendor who candidate paid directly)*		Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
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Purpose of Expenditure *(by code)* — Description		Event #	

Name of Payee *(Name of vendor who candidate paid directly)*		Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
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Purpose of Expenditure *(by code)* — Description		Event #	

Name of Payee *(Name of vendor who candidate paid directly)*		Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City	State — Zip Code	**Amount**
Purpose of Expenditure *(by code)* — Description		Event #	

Name of Payee *(Name of vendor who candidate paid directly)*		Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City	State — Zip Code	**Amount**
Purpose of Expenditure *(by code)* — Description		Event #	

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