

Section J. ADDENDUM PAGE _____ of _____

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT

J. Itemization of Reimbursements and Secondary Payees Addendum

Expenditure Number as reported in Section J J	Total Amount of the Expenditure
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Description	Expenditure Code
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Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated
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