SEEC FORM 20
Revised January 2015

Section T. ADDENDUM PAGE ____ of ____

NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees— *Addendum*

Expenditure #	○ Supported ○ Opposed	**Amount of Expenditure**

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
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