

**Section R ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
<b>R. Expenses Incurred on Committee Credit Card</b>				
Name of Issuing Institution			Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:	
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section R — This Page</b>				
<b>TOTAL of additional Section R Pages</b>				
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>				