

Section Q. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Q. Campaign Expenses Paid by Candidate					
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	
				Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)		Description		Event #	
				Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	
				Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)		Description		Event #	
				Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	
				Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)		Description		Event #	
				Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	
				Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City		State
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				Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)		Description		Event #	
				Amount	
SUBTOTAL Section Q — This Page					