SEEC FORM 20
Revised January 2015

Section S ADDITIONAL PAGE _____ of _____

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

S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor | Date Incurred

Street Address | City | State | Zip Code

Purpose of Expenditure (by code) | Description | Event # | **Amount Incurred** *(Estimate or Actual)*

Expenditure # *(if applicable)*

Type of Expenditure ***(Itemization in Addendum S Required unless "None of the below" is checked)***

- None of the below
- Coordinated with reimbursement sought (joint expenditure)
- Coordinated without reimbursement sought (in-kind contribution)
- Independent
- Organization A B C D

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Street Address | City | State | Zip Code

Purpose of Expenditure (by code) | Description | Event # | **Amount Incurred** *(Estimate or Actual)*

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Expenditure # *(if applicable)*

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SUBTOTAL Section S-This Page	
TOTAL of additional Section S Pages	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID *(Enter total on Line 28, Column A of Summary Page Totals)*	
Previously reported Expenses Unpaid and still Outstanding	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID *(Enter total on Line 28a, Column A of Summary Page Totals)*	