

Section T ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT			
T. Itemization of Reimbursements and Secondary Payees							
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T 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						
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SUBTOTAL Section T — This Page							
TOTAL of additional Section T Pages							
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS							