

Section R. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
R. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>	Event #		
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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SUBTOTAL Section R — This Page					