

**Section J. ADDITIONAL PAGE** \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
<b>J. Itemization of Reimbursements and Secondary Payees</b>					
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 G: <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
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)</i>				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>	Expenditure Number Section <b>J</b> : Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>	
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<b>SUBTOTAL Section J — This Page</b>					