

IV. EXPENDITURES
Section N. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
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N. Expenses Paid by Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code		Description		Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name _____ Office Sought _____		\$

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code		Description		Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name _____ Office Sought _____		\$

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Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
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City	State	Zip Code		Description		Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name _____ Office Sought _____		\$

SUBTOTAL Section N-This Page