

IV. EXPENDITURES
Section Q. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

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

Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by 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 Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by 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 Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by 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 Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by 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 Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by 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 Q-This Page