SEEC FORM 20
Revised January 2015

Section P ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

P. Expenses Paid by Committee

Name of Payee			Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card ☐ EFT
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum P Required unless "None of the below" is checked)*** ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

Name of Payee			Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card ☐ EFT
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum P Required unless "None of the below" is checked)*** ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

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SUBTOTAL Section P — This Page	
TOTAL of additional Section P Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE ***(Enter total on Line 19, Column A of Summary Page Totals)***	