

# SAMPLE

Name of Committee

## Reimbursement & Secondary Payee Information

|                             |             |        |          |
|-----------------------------|-------------|--------|----------|
| Date of Purchase or Payment | Vendor Name | Amount |          |
| Vendor Street Address       |             |        |          |
| City                        |             | State  | Zip Code |
| Purpose & Description       |             |        |          |

|                             |             |        |          |
|-----------------------------|-------------|--------|----------|
| Date of Purchase or Payment | Vendor Name | Amount |          |
| Vendor Street Address       |             |        |          |
| City                        |             | State  | Zip Code |
| Purpose & Description       |             |        |          |

**Total Amount**

\$

Employee/Consultant Signature

Date

**Disclaimer:** SEEC's sample forms provide guidance regarding compliance with chapters 155-157 of the General Statutes and associated campaign finance regulations. They do not provide guidance with respect to other areas of law outside of SEEC's jurisdiction.