SEEC FORM 20
Revised June 2014

Section C. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE	TYPE OF REPORT

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No ***If yes***, list Event # _____		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No ***If yes***, list Event # _____		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No ***If yes***, list Event # _____		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No ***If yes***, list Event # _____		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	**Amount of Receipt**
City	State	Zip Code	☐ Reimbursement for shared expense ☐ Payment for goods and services ☐ Surplus Distribution	

Name of Committee			Name of Treasurer	
Address			Date Received	**Amount of Receipt**
City	State	Zip Code	☐ Reimbursement for shared expense ☐ Payment for goods and services ☐ Surplus Distribution	

SUBTOTAL Section C — This Page	