Section R. ADDITIONAL PAGE ____ of ____

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

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Secondary Payee				
Street Address	City	State	Zip Code	
Purpose of Expenditure *(by code)*	Description			**Amount**
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No *If yes*, assign an **Expenditure #** and complete **Itemization in Addendum R**	Expenditure # *(if applicable)*	Event #		

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Secondary Payee				
Street Address	City	State	Zip Code	
Purpose of Expenditure *(by code)*	Description			**Amount**
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Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Secondary Payee				
Street Address	City	State	Zip Code	
Purpose of Expenditure *(by code)*	Description			**Amount**
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No *If yes*, assign an **Expenditure #** and complete **Itemization in Addendum R**	Expenditure # *(if applicable)*	Event #		

SUBTOTAL Section R — This Page	