

**Section J. ADDITIONAL PAGE** \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>					TYPE OF REPORT				
<b>J. Itemization of Reimbursements and Secondary Payees</b>									
Last Name of Worker/Consultant				First			MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City			State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)</i>					Event #		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>						Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section : Number <b>J</b> :	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Amount</b>		
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<b>SUBTOTAL Section J — This Page</b>									