SEEC FORM 20
Rev. 1/12

Section S. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE	TYPE OF REPORT

S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount Incurred** *(Estimate or Actual)*	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum S Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D** ○ **E**			

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Purpose of Expenditure (by code)	Description	Event #	**Amount Incurred** *(Estimate or Actual)*	
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SUBTOTAL Section S-This Page	