SEEC FORM 20
Rev. 1/12

Section P. ADDITIONAL PAGE ____ of _____

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid by Committee

Name of Payee			Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum P Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E**			

Name of Payee			Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum P Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E**			

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SUBTOTAL Section P — This Page	