SEEC FORM 20
Rev. 1/12

Section Q. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE	TYPE OF REPORT

Q. Campaign Expenses Paid by Candidate

Name of Payee (***Name of Vendor who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

Name of Payee (***Name of Vendor who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

Name of Payee (***Name of Vendor who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

Name of Payee (***Name of Vendor who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

Name of Payee (***Name of Vendor who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

Name of Payee (***Name of Vendor who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

Name of Payee (***Name of Vendor who candidate paid directly***)			Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		**Amount**

SUBTOTAL Section Q — This Page	