

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
Q. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Amount Incurred <i>(Estimate or Actual)</i>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expenditure # <i>(if applicable)</i>	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum Q					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Amount Incurred <i>(Estimate or Actual)</i>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expenditure # <i>(if applicable)</i>	Event #	
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SUBTOTAL Section Q – This Page					