

# ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
					Amount	
3. TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED INDEPENDENT EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). Please remember to include the purpose of the expenditure (e.g. postage, printing) and the name of the candidate supported or opposed.						
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure
City		State	Zip Code	Opposed <input type="checkbox"/>		
				Supported <input type="checkbox"/>		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure
City		State	Zip Code	Opposed <input type="checkbox"/>		
				Supported <input type="checkbox"/>		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure
City		State	Zip Code	Opposed <input type="checkbox"/>		
				Supported <input type="checkbox"/>		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure
City		State	Zip Code	Opposed <input type="checkbox"/>		
				Supported <input type="checkbox"/>		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure
City		State	Zip Code	Opposed <input type="checkbox"/>		
				Supported <input type="checkbox"/>		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure
City		State	Zip Code	Opposed <input type="checkbox"/>		
				Supported <input type="checkbox"/>		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure
City		State	Zip Code	Opposed <input type="checkbox"/>		
				Supported <input type="checkbox"/>		
5 (a) Itemized Independent Expenditures .....					\$ _____	
(b) Unitemized Independent Expenditures .....					\$ _____	
(c) Total Independent Expenditures (If this is the last page of ind. expenditures, this amount must be shown in item 17c. of summary page.)					\$ _____	