

ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total Independent Expenditures From Preceding Page (Enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH INDEPENDENT EXPENDITURE. **All expenditures must be itemized.** Please remember to include the purpose of the expenditure (e.g. postage, printing, etc.) and the name of the candidate supported or opposed.

Business Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: _____

Candidate Name: _____ Office Sought: _____ Supported Opposed

Business Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: _____

Candidate Name: _____ Office Sought: _____ Supported Opposed

Business Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: _____

Candidate Name: _____ Office Sought: _____ Supported Opposed

Business Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: _____

Candidate Name: _____ Office Sought: _____ Supported Opposed

Total Independent Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of independent expenditures, this amount must be shown in the summary on first page.)