

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
			FROM:	TO:
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a single payee during the period, must be itemized.)				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)				

