

Schedule 2 – Expenditures

See instructions on reverse side

Entity Name _____

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Entity # _____

Report Due Date _____

Date	Check No.	Name and Address of Payee (The payee is the person who is the ultimate recipient of campaign funds)	Name and Address of Reimbursee (The reimbursee is the person who received the campaign check as a reimbursement for the expenditure. The reimbursee must be a campaign worker.)	Amount	C O D E	A D M I N ✓	Remarks

Code	N	O	P*	Q	R	S	T	U*	V*	W	X	Y*	Z	AA*
Description	Salaries and other compensation	Rent and other office expenses	Field Expenses	Media	Printing and Campaign Materials	Direct Mailing by Mail House	Postage	Purchase of Equipment	Fundraising Expenses	Transfers Out to Other Maryland Treasurers	Loan Repayment	Other	Returned Contribution	In-kind Expenditure
Totals														

*Describe in remarks (required)

Failure to provide all the information required by this form will be regarded as a failure to file.