Refunds/Reimbursements To the Committee

Pg ____ of ___

Amendment Yes No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)							2. ID Number	
3. Contributor Information Add Remove								
a. Full Name, Mailing Address & Phone				d. Type of Committee		g. C	g. Comments	
(include city, state, &	zip)		Candidate	PAC				
		I	Referendum Party e. Level Registered (Specify)		h. ()	h. Original Expenditure Date		
		I	Federal County:			in original Expenditure Date		
		I	State Municipality:					
		I			i. Oı	riginal Expenditure Amt		
					\$	\$		
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose		j. El	ection Sum to Date	
						\$	\$	
k. Account Code	l. Form of	of Payment m. In-Kind Descr		iption n. Date (mm/dd/yy		yy)	o. Amount	
							\$	
3. Contributor Info		Remove						
a. Full Name, Mailing A		Phone		d. Type of Com		ittee g. Comments		
(include city, state, &	zip)			Candidate	PAC]		
			I	Referendur				
e. Level Register Federal					County:	h. Original Expenditure Date		
				State Municipality:				
						i. Original Expenditure Amt		
						\$		
b. Job Title/Profession		c. Employer's Nam	e/Specific Field	f. Purpose		j. Election Sum to Date		
						\$		
k. Account Code l. Form o		of Payment	m. In-Kind Descri	ption	ption n. Date (mm/dd/yy		yy) o. Amount	
							\$	
			<u> </u>	· 11		_	Ψ	
3. Contributor Info					Remove	I- C		
a. Full Name, Mailing A (include city, state, & a			d. Type of Committee Candidate PAC		g. Comments			
(Include City, State, &								
l				Referendum Party e. Level Registered (Specify)		h. O	riginal Expenditure Date	
l			I	Federal	County:		8	
l				State	Municipality:			
l					i. Oı	riginal Expenditure Amt		
l		I			\$	\$		
b. Job Title/Profession c. Employer's Name/Specific Field				f. Purpose		j. Election Sum to Date		
				A Contraction of the second se		\$		
				<u></u>				
k. Account Code	l. Form of	I. Form of Payment m. In-Kind Descri			n. Date (mm/dd/yy	yy)	o. Amount	
							\$	
4. Total only this Page								
5. Total of ALL CRO-1240 Pages							\$	
(This line must be on li		0	age CRO-1100)			\$		