Refunds/Reimbursements To the Committee

Pg <u>1</u> of

1

Amendment						
	Yes	\boxtimes	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				
ELECT JOHN Q PUBLIC							STA-22GH74-C-001				
						_					
3. Contributor Int					Add	<u> </u>	Remove		- 0	Y	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of	andid		PAC	g. C	Comments			
(include city, state, o	x zip)				=		ndum	Party			
CONVENTION CENTER							ered (Specify)	Turty	h. (Original Expenditure Date	
100 SALISBURY		Γ			_	Federal County:				12/1/2008	
RALEIGH, NC 27608				St	State Municipality:						
								i. 0	riginal Expenditure Amt		
								\$	500.00		
b. Job Title/Profession		c. Employer's Name	/Specific Field	l	f. Purpose			j. E	lection Sum to Date		
					REFUN	De	F		70	500.00	
					DEPOS	ΙΤ			\\\$	300.00	
k. Account Code	l. Form o	of Payment	m. In-Kind D	escrip	tion		n. Date (mm/d	d/yyyy)		o. Amount	
1	CHEC	K	\bigcap	\	\			3/1/2009	1	\$ 500.00	
3. Contributor Inf	formatio	n			Add	П	Remove				
a. Full Name, Mailing				T 1\	d Type of	Con			g. (Comments	
(include city, state,	& zip)			$\setminus \setminus$	\□ \ c:	ndid	ate	PAC			
				($\overline{}$	-	ndum 🗌	Party			
				$\setminus \setminus \setminus$			ered (Specify)		h. (Original Expenditure Date	
		$\langle \mathcal{O} \rangle$		سالم		ederal		County:			
					State Municipality:			i O	riginal Expenditure Amt		
					!						
										\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose			j. E	j. Election Sum to Date			
									\$		
k. Account Code	l. Form o	of Payment	m. In-Kind D	Descrip	tion		n. Date (mm/d	ld/yyyy)		o. Amount	
										\$	
3. Contributor Inf	formatio	n	Г		Add		Remove				
a. Full Name, Mailing					d. Type of Committee			g. Comments			
(include city, state,	& zip)				C:	andid	ate	PAC			
					Re	eferei	ndum	Party			
					e. Level Registered (Specify)			h. Original Expenditure Date			
					=	deral		County:			
				St	ate		Municipality:	; 0	riginal Expenditure Amt		
							\$				
b. Job Title/Profession c. Emplo		c. Employer's Name	nployer's Name/Specific Field		f. Purpose			j. Election Sum to Date			
									\$		
k. Account Code	l. Form o	of Payment	m. In-Kind D	Descrip	tion		n. Date (mm/d	ld/yyyy)		o. Amount	
										\$	
4. Total only this	Page								\$	500.00	
5. Total of ALL CRO-1240 Pages											
(This line must be or			ge CRO-1100)						\$	500.00	