

Contributions to be Reimbursed

Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name ELECT JOHN Q PUBLIC			2. ID Number STA-22GH74-C-001			
3. Contributor Information			<input type="checkbox"/>	Add	<input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor) STAPLES OFFICE SUPPLY 100 SOUTH MAIN STREET MAPLE GROVE, NC 24687			Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) SUSIE Q SMITH PO BOX 700 MAPLE GROVE, NC 24687			
a. Contribution Description OFFICE SUPPLIES	b. Date (mm/dd/yyyy) 2/1/2009	c. Credit Card Y/N N	d. Amount \$ 37.25			
3. Contributor Information			<input type="checkbox"/>	Add	<input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)			Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)			
a. Contribution Description			b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount	
					\$	
3. Contributor Information			<input type="checkbox"/>	Add	<input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)			Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)			
a. Contribution Description			b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount	
					\$	
3. Contributor Information			<input type="checkbox"/>	Add	<input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)			Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)			
a. Contribution Description			b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount	
					\$	
3. Contributor Information			<input type="checkbox"/>	Add	<input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)			Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)			
a. Contribution Description			b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount	
					\$	
4. Total only this Page					\$ 37.25	
5. Total of ALL CRO-1215 Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>					\$ 37.25	

