

# 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.

|  |                           |  |  |                                |                                     |
|--|---------------------------|--|--|--------------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |  |  | <b>2. ID Number</b>            |                                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                   |                           |  |  |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |                           |  | <b>d. Type of Committee</b>  |                                | <b>g. Comments</b>                  |
|  |                           |  | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party      |                                |                                     |
|  |                           |  | <b>e. Level Registered (Specify)</b>   |                                |                                     |
|  |                           |  | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | <b>h. Original Expenditure Date</b> |
|  |                           |  |  |                                | <b>i. Original Expenditure Amt</b>  |
|  |                           |  |  |                                | \$                                  |
| <b>b. Job Title/Profession</b>   |                           | <b>c. Employer's Name/Specific Field</b> |  | <b>f. Purpose</b>              |                                     |
|  |                           |  |  |                                |                                     |
|  |                           |  |  | <b>j. Election Sum to Date</b> |                                     |
|  |                           |  |  | \$                             |                                     |
| <b>k. Account Code</b>   | <b>l. Form of Payment</b> | <b>m. In-Kind Description</b>            |  | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                    |
|  |                           |  |  |                                | \$                                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                   |                           |  |  |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |                           |  | <b>d. Type of Committee</b>  |                                | <b>g. Comments</b>                  |
|  |                           |  | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party      |                                |                                     |
|  |                           |  | <b>e. Level Registered (Specify)</b>   |                                |                                     |
|  |                           |  | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | <b>h. Original Expenditure Date</b> |
|  |                           |  |  |                                | <b>i. Original Expenditure Amt</b>  |
|  |                           |  |  |                                | \$                                  |
| <b>b. Job Title/Profession</b>   |                           | <b>c. Employer's Name/Specific Field</b> |  | <b>f. Purpose</b>              |                                     |
|  |                           |  |  |                                |                                     |
|  |                           |  |  | <b>j. Election Sum to Date</b> |                                     |
|  |                           |  |  | \$                             |                                     |
| <b>k. Account Code</b>   | <b>l. Form of Payment</b> | <b>m. In-Kind Description</b>            |  | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                    |
|  |                           |  |  |                                | \$                                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                   |                           |  |  |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |                           |  | <b>d. Type of Committee</b>  |                                | <b>g. Comments</b>                  |
|  |                           |  | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Party      |                                |                                     |
|  |                           |  | <b>e. Level Registered (Specify)</b>   |                                |                                     |
|  |                           |  | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                | <b>h. Original Expenditure Date</b> |
|  |                           |  |  |                                | <b>i. Original Expenditure Amt</b>  |
|  |                           |  |  |                                | \$                                  |
| <b>b. Job Title/Profession</b>   |                           | <b>c. Employer's Name/Specific Field</b> |  | <b>f. Purpose</b>              |                                     |
|  |                           |  |  |                                |                                     |
|  |                           |  |  | <b>j. Election Sum to Date</b> |                                     |
|  |                           |  |  | \$                             |                                     |
| <b>k. Account Code</b>   | <b>l. Form of Payment</b> | <b>m. In-Kind Description</b>            |  | <b>n. Date (mm/dd/yyyy)</b>    | <b>o. Amount</b>                    |
|  |                           |  |  |                                | \$                                  |
| <b>4. Total only this Page</b>   |                           |  |  |                                | \$                                  |
| <b>5. Total of ALL CRO-1240 Pages</b><br><i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i> |                           |  |  |                                | \$                                  |