

# Contributions to be Reimbursed

Pg \_\_\_\_ of \_\_\_\_

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

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.  
 Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

<b>1. Committee Full Name</b>			<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>			<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>	
			\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>			<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>	
			\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
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			\$	
<b>3. Contributor Information</b> Add    Remove				
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>			<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>	
			\$	
<b>4. Total only this Page</b>			\$	
<b>5. Total of ALL CRO-1215 Pages</b>			\$	
<i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>				