

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).

1. Committee Full Name			2. ID Number	
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 Add 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			\$	
5. Total of ALL CRO-1215 Pages			\$	
<i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>				