		rom Individua			Pg	of		Amendment  Yes No	
Use this form to report individual contributions over \$50 or contributions under \$50 if form CF									
1. Committee Full Name (and Fund if applicable)							2. I	D Number	
3. Contributor Information					Ren	nove			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. C	d. Comments		
(include city, state, & zip)									
					c. Employer's Name/Specific Field				
				c. Employer's Name/Specific Field					
							e. E	lection Sum to Date	
							\$		
	•	•	_					1	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion		j. Date (mm/dd/yyy	<b>y</b> y)	k. Amount	
								\$	
								\$	
								\$	
3. Contributor Information									
a. Full Name, Mailing Address & Phone b. Job Title/Profession							d. Comments		
(include city, state, & zip)									
c. Employer's Name/Specific Field						ne/Specific Field			
	C. Employer s Namors					k/Specific Ficia			
							e. E	lection Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	<b>y</b> )	k. Amount	
								\$	
								\$	
								\$	
3. Contributor Information Add Remove									
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Tit	le/Profes	sion	d. C	omments	
(includ	le city, state, & zip)								
				a Employ	or's Non	ne/Specific Field			
				c. Employ	ei s Naii	le/Specific Field			
							e. E	lection Sum to Date	
							\$		
f. Prior	Prior g. Account Code h. Form of Payment i. In-Kind Descrip			tion j. Date (mm/dd/yyy		y)	k. Amount		
								\$	
								\$	
								\$	
4. Total only this Page							\$	<u> </u>	
5. Total of ALL CRO-1210 Pages									
S. Total of ALL CNO-1210 Lages							\$		

(This line must be on line 6 of Detailed Summary Page CRO-1100)