Refunds/Reimbursements From the Committee _{Pg} ____ _{of} ____

Amendment Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)						2. ID Number	
3. Payee Information Add Remove							
a. Full Name, Mailing Address & Phone			d. Type of Committee		h. Original Receipt Date		
(include city, state, & zip)			Candidate PAC				
• • • • • • •	•	Referendum	Party				
		e. Level Registered		i. Original Receipt Amount			
		Federal County:					
			State Municipality:		\$		
			f. Purpose Code		j. Election Sum to Date		
						\$	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	ments k.		x. Account Code	
	-						
l. Form of Payment	m. Requi	red Remarks		n. Date (mm/dd/yy	yy)	o. Amount	
						\$	
3. Payee Information Add Remove							
a. Full Name, Mailing Address & Phone			d. Type of Commi			h. Original Receipt Date	
(include city, state, & zip)			Candidate PAC				
			Referendum	Party			
			e. Level Registere		i. Oı	riginal Receipt Amount	
			Federal	County:	\$		
			State	Municipality:			
			f. Purpose Code	j. Election Sum to Date		ection Sum to Date	
					\$		
b. Job Title/Profession c. Employer's Name/Specific Field			g. Comments		k. Account Code		
I. Form of Payment m. Required Remarks			n. Date (mm/dd/yy		yy) o. Amount		
						\$	
3. Payee Information Add Remove							
a. Full Name, Mailing Address & Phone			d. Type of Committee		h. Original Receipt Date		
(include city, state, & zip)			Candidate PAC				
			Referendum Party		i Original Receipt Amount		
			e. Level Registered Federal County:		i. Original Receipt Amount		
			State Municipality:		\$		
			f. Purpose Code	winterpanty:	i Fl	ection Sum to Date	
			1. I ul pose Code	a rarpose coue		•	
			1		\$		
b. Job Title/Profession c. Employer's Name/Specific Field		g. Comments		k. Account Code			
	~			n (
I. Form of Payment m. Required Remarks				n. Date (mm/dd/yy	yy)	o. Amount	
						\$	
4. Total only this Page					\$		
5. Total of ALL CRO-1320 Pages					\$		
(This line must be on line 16 of Detailed Summary Page CRO-1100)							
6. Purpose Codes (List detailed disbursement code in (f) above)							
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit							
P* - Reimbursement of In-Kind O* Other							
* Codes require detailed explanation in required remarks field (m)							
CRO-1320 NC State Board of Elections December 2007							