

**Refunds/Reimbursements From the Committee**

Pg 10 of 11 Amendment  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>		
Committee to elect Ivan Huffman			AC05UQ		
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)			<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Ivan Claborne Huffman 1080 Conrad Road Lewisville NC 27023			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		09/22/2023
			<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 500.00
			<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
			L		\$ 500.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>	
Dir. of Advancement		Open Door Ministries		4628	
<b>l. Form of Payment</b>		<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	
EFT				09/23/2023	
				<b>o. Amount</b>	
				\$ 250.00	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
			<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>	
<b>l. Form of Payment</b>		<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	
				<b>o. Amount</b>	
				\$	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
			<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>	
<b>l. Form of Payment</b>		<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	
				<b>o. Amount</b>	
				\$	
<b>4. Total only this Page</b>					\$ 250.00
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 250.00
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
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)					

Amended

RECEIVED  
OCT 16 23

PURSUE RECIPIENT