

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Steve Rao Committee				7JS65Y	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Bhavani Rao 1716 WYSONG CT RALEIGH NC 27612		Marketing Mgr			
		c. Employer's Name/Specific Field			
		Alcatel-Lucent			
				e. Election Sum to Date	
				\$ 51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MAGIC	Pay Pal		8/21/11	\$ 51.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Pejawar Rao 103 Trumbell circle Morrisville, NC 27560		Retired Physician		Candidates Dad	
		c. Employer's Name/Specific Field			
		P.M. Rao General Surgeon			
				e. Election Sum to Date	
				\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MAGIC	check		8/24/11	\$ 1000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Karen Braswell 3808 Glen Iris Lane Raleigh NC 27612		CEO			
		c. Employer's Name/Specific Field			
		Alphanumeric Systems			
				e. Election Sum to Date	
				\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MAGIC	check		8/26/11	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1301.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 7452.00

Refunds/Reimbursements From the Committee

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Steve Rao Committee			7JS65Y		
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Bhavani Rao 1716 Wysong Court Raleigh, NC 27612 919-510-7558		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		9/27/11	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 51.00			
<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					
f. Purpose Code		j. Election Sum to Date			
L (contribution refund)		\$ 0			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
Marketing Manager	Alcatel-Lucent			MAGIC	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
Check				9/27/11	\$ 51
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$			
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
f. Purpose Code		j. Election Sum to Date			
		\$			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$			
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
f. Purpose Code		j. Election Sum to Date			
		\$			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 51.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 51.00
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)					