

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
RUSSELL KILLEN CAMPAIGN FUND				COU-12345-C-100	
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		g. Comments
RUSSELL B KILLEN 1103 BELFRY DR KNIGHTDALE, NC 27545			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		07/19/2011
					i. Original Receipt Amount
					\$ 1,453.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
ATTORNEY		PARKER POE ADAMS & BERNSTEIN		p	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	ADVERTISING		07/19/2011	\$ 1,453.00
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		g. Comments
RUSSELL B KILLEN 1103 BELFRY DR KNIGHTDALE, NC 27545			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		07/19/2011
					i. Original Receipt Amount
					\$ 1,453.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
ATTORNEY		PARKER POE ADAMS & BERNSTEIN		p	
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	ADVERTISING		07/22/2011	\$ 185.00
4. Total only this Page					\$ 1,638.00
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,638.00
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-Kin		O* Other			
* Codes require detailed explanation in required remarks field (m)					

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
RUSSELL KILLEN CAMPAIGN FUND		COU-12345-C-100	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
RUSSELL B KILLEN 1103 BELFRY DR KNIGHTDALE, NC 27545		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	0.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
ADVERTISING MATERIALS PURCHASED FROM VICTORYSTORE.COM		07/19/2011	\$ 1,453.00
ADVERTISING MATERIALS PURCHASED FROM VICTORYSTORE.COM		07/22/2011	\$ 185.00
			\$
4. Total only this Page		\$	1,638.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	1,638.00