

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) Ken Marshburn for Town Council		RECEIVED FEB 07 2012		2. ID Number
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ken R Marshburn 145 Clayfield Drive Garner, NC 27529 919-662-0902		RECEIVED WAKE CO. BOARD OF ELECTIONS		d. Type of Committee <input checked="" type="checkbox"/> WAKE CO. BOARD OF ELECTIONS
		e. Level Registered (Specify) <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		h. Original Receipt Date 07-11-2011
b. Job Title/Profession Town Councilman		c. Employer's Name/Specific Field Town of Garner		i. Original Receipt Amount \$ 700.00
f. Purpose Code L		g. Comments		j. Election Sum to Date \$ 700.00
l. Form of Payment check		m. Required Remarks		k. Account Code KRM
		n. Date (mm/dd/yyyy) 11-23-2011		o. Amount \$ 700.00
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 <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$
b. Job Title/Profession		c. Employer's Name/Specific Field		j. Election Sum to Date \$
		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 <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$
b. Job Title/Profession		c. Employer's Name/Specific Field		j. Election Sum to Date \$
		g. Comments		k. Account Code
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)
				o. Amount \$
4. Total only this Page				\$ 700.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 700.00
L - Returned to Contributor M - Overpayment for Service P* - Reimbursement of In-Kind O* Other N - Exceeded Contribution Limit				
* Codes require detailed explanation in required remarks field (m)				