

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	
Elect Simon for School Board				
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
Karen Simon 5801 Magellan Way Apt. 106 Raleigh, NC 27612 919-889-8487		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		09/01/2009
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,015.41
		f. Purpose Code		j. Election Sum to Date
		L		\$ 1,315.41
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Grants Manager		State of NC		1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Cash	partial reimbursement		10/09/2009	\$ 1,015.41
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
Karen Simon 5801 Magellan Way Apt. 106 Raleigh, NC 27612 919-889-8487		<input checked="" 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:		\$ 94.38
		f. Purpose Code		j. Election Sum to Date
		P		\$ 1,409.79
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Grants Manager		State of NC		1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Debit	Palm Cards		07/04/2009	\$ 94.38
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
Karen Simon 5801 Magellan Way, Apt. 106 Raleigh, NC 27612 919-889-8487		<input checked="" 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 checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 116.16
		f. Purpose Code		j. Election Sum to Date
		P		\$ 1,520.95
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Grants Manager		State of NC		1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Debit	Stationary/Envelopes		07/13/2009	\$ 116.16
4. Total only this Page				\$ 1,220.95
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1,500.00
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)				

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1. Committee Full Name (and Fund if applicable)			2. ID Number	
Elect Simon for School Board				
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
Karen Simon 5801 Magellan Way Apt. 106 Raleigh, NC 27612 919-571-2723		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		i. Original Receipt Amount
		P		\$ 136.30
				j. Election Sum to Date
				\$ 1,657.75
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Grants Manager		State of NC		1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Credit/debit	P(open campaign account)		06/18/2009	\$ 136.30
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
Karen Simon 5801 Magellan Way Apt 106 Raleigh, NC 27612 919-889-8487		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		i. Original Receipt Amount
		P		\$ 10.58
				j. Election Sum to Date
				\$ 1,667.83
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Grants Manager		State of NC		1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Credit/debit	P (envelopes)		07/07/2009	\$ 10.58
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
Karen Simon 5801 Magellan Way Apt 106 Raleigh, NC 27612 919-889-8487		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		i. Original Receipt Amount
		P		\$ 32.00
				j. Election Sum to Date
				\$ 1,699.83
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Grants Manager		State of NC		1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Credit/debit	P (PO Box)		06/30/2009	\$ 32.00
4. Total only this Page				\$ 178.88
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1,500.00
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)				

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Elect Simon for School Board				
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
Karen Simon 5801 Magellan Way Apt. 106 Raleigh, NC 27612 919-889-8487		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		i. Original Receipt Amount
		P		\$ 19.97
				j. Election Sum to Date
				\$ 1,719.80
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Grants Manager		State of NC		1
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy) o. Amount
Credit/debit		P(campaign website)		07/24/2009 \$ 19.97
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
Karen Simon 5801 Magellan Way Apt 106 Raleigh, NC 27612 919889-8487		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		i. Original Receipt Amount
		P		\$ 19.97
				j. Election Sum to Date
				\$ 1,739.77
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Grants Manager		State of NC		1
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy) o. Amount
Credit/debit		P (campaign website)		08/24/09 \$ 19.97
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
Karen Simon 5801 Magellan Way Apt 106 Raleigh, NC 27612 919-889-8487		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		i. Original Receipt Amount
		P		\$ 35.23
				j. Election Sum to Date
				\$ 1,775.00
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Grants Manager		State of NC		1
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy) o. Amount
Credit/debit		P (food for fundraiser)		07/17/2009 \$ 35.23
4. Total only this Page				\$ 75.17
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1,500.00
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)				

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Elect Simon for School Board				
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
Karen Simon 5801 Magellan Way Apt. 106 Raleigh, NC 27612 919-571-2723		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		i. Original Receipt Amount
		L		\$ 25
				j. Election Sum to Date
				\$ 1,800.00
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Grants Manager		State of NC		1
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Debit	L		08/22/2009	\$ 25
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)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		i. Original Receipt Amount
		P		\$
				j. Election Sum to Date
				\$
b. Job Title/Profession		c. Employer's Name/Specific Field		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)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		i. Original Receipt Amount
		P		\$
				j. Election Sum to Date
				\$
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
				\$
4. Total only this Page				\$ 25.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1,500.00
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
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