

# Disclosure Report Cover

Amendment

Yes

No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

## 1. Committee Information

### a. Full Name

Committee to Elect J. Jerome Newton Mayor

### c. ID Number

KK1B7N

### b. Mailing Address (include City, State and Zip Code)

P.O. Box 471  
Mount Olive, NC 28365

### d. Date Filed

05/06/2022

### e. Phone Number

301-448-0379

## 2. Report Year

## 3. Period Start Date (mm/dd/yy)

2022

03/29/2022

## 4. Period End Date (mm/dd/yy)

05/02/2022

## 5. Treasurer Full Name

Lula F. Powell

## 6. Type of Committee (Check One)

<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser
<input type="checkbox"/> Expenditure	
<input type="checkbox"/> Legal Expense Fund	

## 9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input checked="" type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Special	<input type="checkbox"/> Final	
	<input type="checkbox"/> Special	

## 7. Type of Fund (if applicable, check one)

<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> Building Fund

Other:

## 8. Number of Fundraisers this Report

## 11. Account Information

### a. Financial Institution Full Name

United Bank

### b. Purpose

Campaign Expenses

### c. Account Code

Checking

### d. Period Begin Balance

\$ 100.00

## 11. Account Information

### a. Financial Institution Full Name

<b>RECEIVED</b>	<b>WAYNE BOE OF ELECTIONS</b>	<b>c. Account Code</b>
<b>MAY 06 2022</b>		<b>d. Period Begin Balance</b>
<b>BY</b>		\$

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Lula F. Powell

Printed Name of Signer

Lula F. Powell

Signature of Appointed Treasurer

05/06/2022

Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

### Delivery Method

<input type="checkbox"/> Normal Mail
<input type="checkbox"/> Registered Mail
<input type="checkbox"/> Hand Delivered
<input type="checkbox"/> Electronically Filed
<input type="checkbox"/> Signer has not received mandatory training

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_

Employee: \_\_\_\_\_

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

## Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect J. Jerome Newton Mayor	Pre-election	KK1B7N
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 100.00	\$ 100.00
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 285.13	\$ 355.13
6) Contributions from Individuals (CRO-1210)	\$ 3867.50	\$ 3967.50
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 4152.63	\$ 4322.63
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1204.05	\$ 1274.05
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 10.13	\$ 10.13
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 1872.75	\$ 1872.75
17) In-Kind Contributions (CRO-1510)	\$ 67.50	\$ 67.50
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 3154.43	\$ 3224.43
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 998.20	\$ 1198.20
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$ 1872.75	\$ 1872.75

# Aggregated Contributions from Individuals

Amendment  
Page **1** of **1**  Yes  No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>		
Committee to Elect J. Jerome Newton Mayor				KK1B7N		
<b>3. Contributor Information</b>						
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	
<input type="checkbox"/>	Add	Checking	Check	04/08/2022	\$ 25.00	
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	Checking	Check	04/08/2022	\$ 50.00	
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	Checking	Check	04/08/2022	\$ 25.00	
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	Checking	Check	04/14/2022	\$ 50.00	
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	Checking	Check	04/22/2022	\$ 25.00	
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	Checking	Debit Card	Postage	04/25/2022	\$ 10.13
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	Checking	Check	04/27/2022	\$ 50.00	
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	Checking	Check	04/27/2022	\$ 50.00	
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add				\$	
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add				\$	
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add				\$	
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add				\$	
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<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add				\$	
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add				\$	
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add				\$	
<input type="checkbox"/>	Remove					
<b>4. Total only this Page</b>				\$ 285.13		
<b>5. Total of ALL CRO-1205 Pages</b>				\$ 285.13		
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

**Contributions from Individuals**

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Committee to Elect J. Jerome Newton Mayor				KK1B7N	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Angelene B. Bryant P.O. Box 151 Dudley, NC 28333-0151			<b>b. Job Title/Profession</b> No Job Title		<b>d. Comments</b>
			<b>c. Employer's Name/Specific Field</b> Not Employed		
			<b>e. Election Sum to Date</b> \$ 200.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	Checking	Check		04/07/2022	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Joseph S. Amado 2601 Witton Turn Midlothian, VA 23113-6727			<b>b. Job Title/Profession</b> No Job Title		<b>d. Comments</b>
			<b>c. Employer's Name/Specific Field</b> Not Employed		
			<b>e. Election Sum to Date</b> \$ 500.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	Checking	Check		04/07/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Jacqueline Anderson 1209 Phils Ridge Rd. Chapel Hill, NC 27516			<b>b. Job Title/Profession</b> No Job Title		<b>d. Comments</b>
			<b>c. Employer's Name/Specific Field</b> Not Employed		
			<b>e. Election Sum to Date</b> \$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	Checking	Check		04/07/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 800.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3867.50

# Contributions from Individuals

Amendment  
Pg 2 of 7  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>		
Committee to Elect J. Jerome Newton Mayor			KK1B7N		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  J. Jerome Newton P.O. Box 241 Mount Olive, NC 28365			<b>b. Job Title/Profession</b> No Job Title		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 237.50
			<b>c. Employer's Name/Specific Field</b> Not Employed		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	Checking	CreditCard	Campaign Signs	04/08/2022	\$ 67.50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  James R. Newton 6194 Allmondsville Rd. Gloucester, VA 23061			<b>b. Job Title/Profession</b> No Job Title		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 100.00
			<b>c. Employer's Name/Specific Field</b> Not Employed		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	Checking	Check		04/08/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Lash L. Hocutt 1208 Stapleton Dr. Garner, NC 27529-4664			<b>b. Job Title/Profession</b> No Job Title		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 500.00
			<b>c. Employer's Name/Specific Field</b> Not Employed		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	Checking	Check		04/08/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 667.50
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3867.50

# Contributions from Individuals

Pg 3 of 7  Yes  No

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		
Committee to Elect J. Jerome Newton Mayor			KK1B7N		
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Chenita B. Newton Hooper 604 Steele Street Mount Olive, NC 28365			<b>b. Job Title/Profession</b> No Job Title  <b>c. Employer's Name/Specific Field</b> Not Employed		<b>d. Comments</b>
					<b>e. Election Sum to Date</b>  \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	Checking	Check		04/08/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Lash L. Hocutt 1208 Stapleton Dr. Garner, NC 27529-4664			<b>b. Job Title/Profession</b> No Job Title  <b>c. Employer's Name/Specific Field</b> Not Employed		<b>d. Comments</b>
					<b>e. Election Sum to Date</b>  \$ 750.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	Checking	Check		04/08/2022	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Cleveland Hall 6705 Charles Lane Suffork, VA 23435			<b>b. Job Title/Profession</b> No Job Title  <b>c. Employer's Name/Specific Field</b> Not Employed		<b>d. Comments</b>
					<b>e. Election Sum to Date</b>  \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	Checking	Check		04/14/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 450.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3867.50

# Contributions from Individuals

Pg 4 of 7  Yes  No

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	
Committee to Elect J. Jerome Newton Mayor				KK1B7N	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Barbara W. Pollard 605 Knob Ct. Fayetteville, NC 28303		b. Job Title/Profession No Job Title		d. Comments  e. Election Sum to Date \$ 200.00	
		c. Employer's Name/Specific Field Not Employed			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	Checking	Check		04/14/2022	\$ 200.00
<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)  Dr. Geraldine Gates 2023 Bluff Hollow Ln. Richmond Texas 77469		b. Job Title/Profession No Job Title		d. Comments  e. Election Sum to Date \$ 100.00	
		c. Employer's Name/Specific Field Not Employed			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	Checking	Check		04/14/2022	\$ 100.00
<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)  Irene M. Rakestraw 7771 Jayden Dr. Trussville, AL 35173		b. Job Title/Profession No Job Title		d. Comments  e. Election Sum to Date \$ 250.00	
		c. Employer's Name/Specific Field Not Employed			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	Checking	Check		04/14/2022	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 550.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 3867.50	

# Contributions from Individuals

Pg 5 of 7  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect J. Jerome Newton Mayor					KK1B7N	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			No Job Title			
Dianne Johnson 849 Faraway Court Mitchellville, MD 20721			<b>c. Employer's Name/Specific Field</b>			
			Not Employed			
					<b>e. Election Sum to Date</b>	
					\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	Checking	Check		04/14/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			Dentist			
Orlando R. Stovall 200 N. Leslie St. Goldsboro, NC 27534			<b>c. Employer's Name/Specific Field</b>			
			Stovall Dentistry			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	Checking	Check		04/14/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			No Job Title			
J. Jerome Newton P. O. Box 241 Mount Olive, NC 28365			<b>c. Employer's Name/Specific Field</b>			
			Not Employed			
					<b>e. Election Sum to Date</b>	
					\$ 1754.29	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	Checking	Check		04/14/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 550.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 3867.50	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

**Contributions from Individuals**

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect J. Jerome Newton Mayor					KK1B7N	
<b>3. Contributor Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Marilyn Dixon 343 Jim Grant Road Snow Hill, NC 28580			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			No Job Title			
			<b>c. Employer's Name/Specific Field</b>			
			Not Employed			
			<b>e. Election Sum to Date</b>			
			\$ 200.00			
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	Checking	Check		04/15/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Chenita B. Newton Hooper 604 Steele Street Mount Olive, NC 28365			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			No Job Title			
			<b>c. Employer's Name/Specific Field</b>			
			Not Employed			
			<b>e. Election Sum to Date</b>			
			\$ 200.00			
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	Checking	Check		04/21/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Angela Brice Smith 2622 Wynfreid Road West Friendship, MD 21794			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			No Job Title			
			<b>c. Employer's Name/Specific Field</b>			
			Not Employed			
			<b>e. Election Sum to Date</b>			
			\$ 200.00			
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	Checking	Check		04/22/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 500.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3867.50	

**Contributions from Individuals**

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect J. Jerome Newton Mayor					KK1B7N	
<b>3. Contributor Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Randy J. Willis 607 Rainbow Drive Kannapolis, NC 28081			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			Chiropractor			
			<b>c. Employer's Name/Specific Field</b>			
			Fidelity Chiropractic, PLLC			
			<b>e. Election Sum to Date</b>			
\$ 100.00						
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	Checking	Check		04/22/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Elizabeth Newton 3164 Hickory Ridge Dr. Winston Salem, NC 27127			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			Executive Director			
			<b>c. Employer's Name/Specific Field</b>			
			Brookdale Senior Living Solutions			
			<b>e. Election Sum to Date</b>			
\$ 250.00						
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	Checking	Check		05/02/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
			<b>e. Election Sum to Date</b>			
\$						
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	Checking				\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 350.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3867.50	

**Contributions to be Reimbursed**

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.  
 Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

<b>1. Committee Full Name</b>		<b>2. ID Number</b>	
Committee to Elect J. Jerome Newton Mayor		KK1B7N	
<b>3. Contributor Information</b> <input type="checkbox"/>		<b>Add</b> <input type="checkbox"/>	<b>Remove</b>
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
Southern Sign of NC 119 Carriage Rd. Goldsboro, NC 27534		J. Jerome Newton P.O. Box 241 Mount Olive, NC 28365	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>
Campaign Signs	04/08/2022	Y	\$ 1000.00
<b>3. Contributor Information</b> <input type="checkbox"/>		<b>Add</b> <input type="checkbox"/>	<b>Remove</b>
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
Impress Me Print & Awards Gallery 409 N. Spence Ave. Goldsboro, NC 27534		J. Jerome Newton P.O. Box 241 Mount Olive, NC 28365	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>
Campaign T-Shirts	04/08/2022	N	\$ 316.79
<b>3. Contributor Information</b> <input type="checkbox"/>		<b>Add</b> <input type="checkbox"/>	<b>Remove</b>
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
Signs On The Cheap 11525A Stonehollow Dr. Suite 100 Austin, Texas 78758		J. Jerome Newton P.O. Box 241 Mount Olive, NC 28365	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>
Campaign Signs	04/20/2022	Y	\$ 555.96
<b>3. Contributor Information</b> <input type="checkbox"/>		<b>Add</b> <input type="checkbox"/>	<b>Remove</b>
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>
			\$
<b>4. Total only this Page</b>			\$ 1872.75
<b>5. Total of ALL CRO-1215 Pages</b>			\$ 1872.75
<i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			

# Disbursements

Amendment

Pg 1 of 2

Yes

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to Elect J. Jerome Newton Mayor					KK1B7N
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>  Impress Me Print & Awards Gallery 409 N. Spence Ave. Goldsboro, NC 27530			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	
					<b>e. Election Sum to Date</b>
					\$ 685.08
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
Checking	Check	B	04/22/2022	\$368.29	Campaign Flyers
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>  Premier Printing Services 4313 19 <sup>th</sup> Place, NE Washington, DC 20018-3307			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	
					<b>e. Election Sum to Date</b>
					\$ 322.26
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
Checking	Check	B	04/25/2022	\$322.26	Campaign Flyers & Cards
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>  Robbie Jones Productions 1509 Noble Creek Lane Raleigh, NC 27610			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	
					<b>e. Election Sum to Date</b>
					\$ 300.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
Checking	Check	A	04/25/2033	\$300.00	Campaign Video
				\$	
<b>5. Total only this Page</b>					\$ 990.55
<b>6. Total of ALL CRO-1310 Pages</b>					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 1204.05
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

# Disbursements

Pg 2 of 2  Yes  No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)		2. ID Number			
Committee to Elect J. Jerome Newton Mayor		KK1B7N			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Impress Me Prints & Awards Gallery 409 N. Spence Ave. Goldsboro, NC 27534		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
		<b>e. Election Sum to Date</b>			
		\$ 898.58			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Checking	Check	B	04/28/2022	\$213.50	Campaign Post Cards
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		<b>e. Election Sum to Date</b>			
		\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b>			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		<b>e. Election Sum to Date</b>			
		\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 213.50
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 898.50
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

## Aggregated Non-Media Expenditures

Page 1 of 1

**Amendment**  Yes  No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

# Refunds/Reimbursements From the Committee

Pg 1 of 1  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 J. Jerome Newton Mayor		KK1B7N	
<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> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	<b>h. Original Receipt Date</b> 04/08/2022
J. Jerome Newton P.O. Box 241 Mount Olive, NC 28365 301-448-0379		<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	<b>i. Original Receipt Amount</b> \$ 1067.50
		<b>f. Purpose Code</b> P	<b>j. Election Sum to Date</b> \$ 1237.50
<b>b. Job Title/Profession</b> No Job Title		<b>c. Employer's Name/Specific Field</b> Not Employed	<b>g. Comments</b> Exceeded Reimbursement Amount to pay for signs
<b>l. Form of Payment</b> Check	<b>m. Required Remarks</b> Reimbursement of In-Kind		<b>n. Date (mm/dd/yyyy)</b> 04/30/2022
			<b>o. Amount</b> \$ 1000.00
<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> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	<b>h. Original Receipt Date</b> 04/08/2022
J. Jerome Newton P.O. Box 241 Mount Olive, NC 28365		<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	<b>i. Original Receipt Amount</b> \$ 316.79
		<b>f. Purpose Code</b> P	<b>j. Election Sum to Date</b> \$ 1554.29
<b>b. Job Title/Profession</b> No Job Title		<b>c. Employer's Name/Specific Field</b> Not Employed	<b>g. Comments</b> Paid for Campaign T-Shirts
<b>l. Form of Payment</b> Check	<b>m. Required Remarks</b> Reimbursement of In-Kind		<b>n. Date (mm/dd/yyyy)</b> 04/30/2022
			<b>o. Amount</b> \$ 316.79
<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> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	<b>h. Original Receipt Date</b> 04/20/2022
J. Jerome Newton P.O. Box 241 Mount Olive, NC 28365		<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	<b>i. Original Receipt Amount</b> \$ 555.96
		<b>f. Purpose Code</b> P	<b>j. Election Sum to Date</b> \$ 2310.25
<b>b. Job Title/Profession</b> No Job Title		<b>c. Employer's Name/Specific Field</b> Not Employed	<b>g. Comments</b> Paid for Campaign Signs
<b>l. Form of Payment</b> Check	<b>m. Required Remarks</b> Reimbursement of In-Kind		<b>n. Date (mm/dd/yyyy)</b> 04/30/2022
			<b>o. Amount</b> \$ 555.96
<b>4. Total only this Page</b> <input type="checkbox"/> <b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100) <input type="checkbox"/>			
M - Returned to Contributor <input type="checkbox"/> M - Overpayment for Service <input type="checkbox"/> N - Exceeded Contribution Limit <input type="checkbox"/> P* - Reimbursement of In-Kind <input type="checkbox"/> O* Other <input type="checkbox"/> * Codes require detailed explanation in required remarks field (m)			
\$ 1872.75 \$ 1872.75			

# In-Kind Contributions

Amendment

Pg 1 of 1  Yes  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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>		
Committee To Elect J. Jerome Newton Mayor		KK1B7N		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Type of Contributor</b> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>		
		Unreimbursed amount paid for campaign signs		
		<b>d. Election Sum to Date</b>		
		\$ 2110.25		
		<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
		Campaign signs	04/08/2022	\$ 67.50
		\$		
		\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Type of Contributor</b> <input 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	<b>c. Comments</b>		
		<b>d. Election Sum to Date</b>		
		\$		
		<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
				\$
				\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Type of Contributor</b> <input 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	<b>c. Comments</b>		
		<b>d. Election Sum to Date</b>		
		\$		
		<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
				\$
				\$
<b>4. Total only this Page</b>		\$ 67.50		
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 67.50		