



North Carolina  
 State Board of Elections  
 441 N Harrington Street  
 Raleigh, NC 27603



Kim Westbrook Strach  
 Executive Director

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173

**Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Committee Name: COMMITTEE TO ELECT BOB WARDEN  
 Treasurer Name: ROBERT H. WARDEN, JR.  
 Treasurer Address: 1006 CLYDE DRIVE  
 (include city, state, & zip) JACKSONVILLE, NC 28540  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 910-546-1893

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

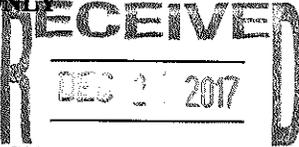
12/21/2017  
 Date Signed

Robert H Warden Jr.  
 Signature

# Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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			c. ID Number	
COMMITTEE TO ELECT BOB WARDEN			THC 905	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
1006 CLYDE DRIVE JACKSONVILLE, NC 28540				
			e. Phone Number	
			910-546-1893	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2017	7/7/17	12/21/2017	ROBERT H. WARDEN, JR.	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special		
		<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special		
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
WELLS FARGO BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN CHECKING	1893			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 0		\$	
<b>CERTIFICATION</b>				
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.				
ROBERT H. WARDEN, JR. Printed Name of Signer		Robert H Warden, Jr. Signature of Appointed Treasurer		12/21/17 Date
<b>FOR OFFICE USE ONLY</b>				
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	
Date Postmarked:		Employee:	<input type="checkbox"/> Signer has not received mandatory training	
Date Scanned: BY:		Employee:		
Date Data Entered:		Employee:		
<b>Please Note:</b> 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

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

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 Bob Warden		FINAL	THC 905
Start of Election Cycle: January 1, 2017		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0	\$ 0
6) Contributions from Individuals (CRO-1210)		\$ 3426.45	\$ 3426.45
7) Contributions from Political Party Committees (CRO-1220)		\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)		\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)		\$ 0	\$ 0
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0	\$ 0
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)		\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0	\$ 0
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 3426.45	\$ 3426.45
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 2985.00	\$ 2985.00
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0	\$ 0
15) Loan Repayments (CRO-1420)		\$ 0	\$ 0
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0	\$ 0
17) In-Kind Contributions (CRO-1510)		\$ 441.45	\$ 441.45
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3426.45	\$ 3426.45
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0	
25) Administrative Support (CRO-1710)		\$ 0	\$ 0
26) Forgiven Loans (CRO-1440)		\$ 0	\$ 0
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1215)		\$ 0	\$ 0

# 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 BOB WARDEN	THC 905

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
CHARLES B. EFIRD 627 COLLEGE STREET JACKSONVILLE, NC 28540	CEO/OWNER	
	<b>c. Employer's Name/Specific Field</b>	
	MODERN EXTERMINATING	
		<b>e. Election Sum to Date</b>
		\$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BW	CHECK		11/1/2017	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
JOHN JACKSON 108 COUNTRY CLUB DR JACKSONVILLE, NC 28546	RETIRED	
	<b>c. Employer's Name/Specific Field</b>	
		<b>e. Election Sum to Date</b>
		\$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BW	CHECK		10/30/2017	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
MAC SLIGH 207 DEBORAH PLACE JACKSONVILLE, NC 28540	RETIRED	
	<b>c. Employer's Name/Specific Field</b>	
		<b>e. Election Sum to Date</b>
		\$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BW	CASH		12/1/2017	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**4. Total only this Page** \$ 400.00

**5. Total of AEL CRO-1210 Pages** \$ 3426.45  
(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> COMMITTEE TO ELECT BOB WARDEN	<b>2. ID Number</b> THC 905
---	--------------------------------

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
NELL SLUGH 207 DEBORAH PLACE JACKSONVILLE, NC 28540		RETIRED			
		<b>c. Employer's Name/Specific Field</b>			
			<b>e. Election Sum to Date</b> \$ 50.00		
<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"/>	BW	CASH		12/1/2017	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
WAYNE MORRIS 103 GRIMSBY PLACE JACKSONVILLE, NC 28540		RETIRED			
		<b>c. Employer's Name/Specific Field</b>			
			<b>e. Election Sum to Date</b> \$ 50.00		
<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"/>	BW	CHECK		09/30/2017	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
DR. DANIEL M. HAGAN 1404 CLIFTON ROAD JACKSONVILLE, NC 28540		PODIATRIST/OWNER			
		<b>c. Employer's Name/Specific Field</b>			
		FAMILY FOOT CARE	<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"/>	BW	CHECK		10/11/2017	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**4. Total only this Page** \$ 350.00

**5. Total of ALL CRO-1210 Pages** \$ 3426.45  
(This line must be on line 6 of Detailed Summary Page CRO-1100)

# Contributions from Individuals

Amendment  
 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 BOB WARDEN THC 905

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
CLYDE F. HURST, III 210 BISHOPGATE JACKSONVILLE, NC 28540		PRESIDENT / HVAC	
		<b>c. Employer's Name/Specific Field</b>	
		HUMPHREY HEATING & AIR CONDITIONING	
		<b>e. Election Sum to Date</b>	\$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BW	CHECK		09/15/2017	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
JOSEPH J. HENDERSON 108 WINESTONE PLACE JACKSONVILLE, NC 28546		OWNER / BUILDER	
		<b>c. Employer's Name/Specific Field</b>	
		ATLANTIC CONSTRUCTION	
		<b>e. Election Sum to Date</b>	\$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BW	CHECK		10/25/2017	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
GLENN SPRADLING 104 SUSSEX CT JACKSONVILLE, NC 28540		OWNER / FLORIST	
		<b>c. Employer's Name/Specific Field</b>	
		FLOWERS ON THE MOVE	
		<b>e. Election Sum to Date</b>	\$ 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"/>	BW	CHECK		09/27/2017	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**4. Total only this Page** \$ 900.00

**5. Total of ALL CRO-1210 Pages** \$ 3426.45  
(This line must be on line 6 of Detailed Summary Page CRO-1100)

# Contributions from Individuals

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Amendment  
 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)** COMMITTEE TO ELECT BOB WARDEN **2. ID Number** TAC 905

**3. Contributor Information**  Add  Remove

**a. Full Name, Mailing Address & Phone** (include city, state, & zip)  
JAMES C. HARDEE  
623 INDEPENDENCE DR.  
JACKSONVILLE, NC 28546

**b. Job Title/Profession**  
RETIRED

**c. Employer's Name/Specific Field**

**d. Comments**

**e. Election Sum to Date**  
 \$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>BW</u>	<u>CHECK</u>		<u>10/23/2017</u>	\$ <u>150.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

**a. Full Name, Mailing Address & Phone** (include city, state, & zip)  
ROBERT E. WILLIAMS  
929 COMMONS DRIVE  
JACKSONVILLE, NC 28546

**b. Job Title/Profession**  
RETIRED

**c. Employer's Name/Specific Field**

**d. Comments**

**e. Election Sum to Date**  
 \$ 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"/>	<u>BW</u>	<u>CHECK</u>		<u>09/18/2017</u>	\$ <u>100.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**3. Contributor Information**  Add  Remove

**a. Full Name, Mailing Address & Phone** (include city, state, & zip)  
CONRAD W. HEMMINGWAY  
1202 CLIFTON ROAD  
JACKSONVILLE, NC 28540

**b. Job Title/Profession**  
RETIRED

**c. Employer's Name/Specific Field**

**d. Comments**

**e. Election Sum to Date**  
 \$ 35.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>BW</u>	<u>CHECK</u>		<u>10/01/2017</u>	\$ <u>35.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**4. Total only this Page** \$ 285.00

**5. Total of ALL CRO-1210 Pages** \$ 3426.45

(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 BOB WARDEN					THC 905	
<b>3. Contributor Information</b> <input checked="" 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>	
WK MORGAN 122 DRAYTON HALL JACKSONVILLE, NC 28540			OWNER / DENTIST			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			MORGAN FAMILY DENTISTRY, DDS		\$ 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"/>	BW	CHECK		09/30/2017	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input checked="" 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>	
DAVID DILLINGHAM 1204 DECATUR RD JACKSONVILLE, NC 28540			RETIRED			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
					\$ 50.00	
<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"/>	BW	CASH		09/30/2017	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input checked="" 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>	
KATHLEEN DILLINGHAM 1204 DECATUR ROAD JACKSONVILLE, NC 28540			RETIRED			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
					\$ 50.00	
<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"/>	BW	CASH		09/30/2017	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 3426.45	

# Contributions from Individuals

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Amendment  
 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 BOB WARDEN					THC 905	
<b>3. Contributor Information</b> <input checked="" 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>	
ROBERT DILLINGHAM 205 SAINT CHARLES LANE JACKSONVILLE, NC 28546			OWNER / EXTERMINATING MAY EXTERMINATING			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
					\$ 50.00	
<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"/>	BW	CASH		09/30/2017	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input checked="" 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>	
JACKIE DILLINGHAM 205 SAINT CHARLES LANE JACKSONVILLE, NC 28546			DENTAL HYGIENIST MORGAN FAMILY DENTISTRY, DDS			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
					\$ 50.00	
<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"/>	BW	CASH		09/30/2017	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input checked="" 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>	
BOB WARDEN 1006 CLYDE DRIVE JACKSONVILLE, NC 28540			V.P. / CONSTRUCTION PRO CONSTRUCTION			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
					\$ 50.00	
<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"/>	BW	CASH	OPEN CHECKING ACCOUNT		\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 150.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3426.45	

# 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 BOB WARDEN						THC 905	
<b>3. Contributor Information</b> <input checked="" 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>	
BERNICE H. BOLLMAN 803 SMALLWOOD DRIVE JACKSONVILLE, NC 28540				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
						<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"/>	BW	CHECK		08/22/2017	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input checked="" 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>	
LANE WARDEN 1106 CLIFTON ROAD JACKSONVILLE, NC 28540				ESTIMATOR			
				<b>c. Employer's Name/Specific Field</b>			
				PRO CONSTRUCTION			
						<b>e. Election Sum to Date</b>	
						\$ 50.00	
<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"/>	BW	CASH		08/22/2017	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input checked="" 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>	
MEREDITH W. BEST 215 FENTON PLACE JACKSONVILLE, NC 28540				REALTOR			
				<b>c. Employer's Name/Specific Field</b>			
				HOME TEAM PROPERTY MANAGEMENT			
						<b>e. Election Sum to Date</b>	
						\$ 50.00	
<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"/>	BW	CASH		08/22/2017	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 600.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 3426.45	

# 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 <del>TO</del> ELECT BOB WARDEN					THC 905	
<b>3. Contributor Information</b> <input checked="" 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>	
R. STEVE MORRIS 123 BOSCO DRIVE JACKSONVILLE, NC 28540			REAL ESTATE APPRAISER			
			<b>c. Employer's Name/Specific Field</b>			
			SELF EMPLOYED		<b>e. Election Sum to Date</b>	
					\$ 147.15	
<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"/>	BW	CHECK	PURCHASED POCKET COOLIES	08/24/2017	\$ 147.15	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input checked="" 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>	
SANDRA B. HURST 101 GRIMSBY PLACE JACKSONVILLE, NC 28540			OWNER			
			<b>c. Employer's Name/Specific Field</b>			
			HOME TEAM PROPERTY MANAGEMENT		<b>e. Election Sum to Date</b>	
					\$ 147.15	
<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"/>	BW	CHECK	PURCHASED POCKET COOLIES	08/24/2017	\$ 147.15	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input checked="" 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>	
ROBERT H. WARDEN, JR. 1006 CLYDE DRIVE JACKSONVILLE, NC 28540			VICE PRESIDENT			
			<b>c. Employer's Name/Specific Field</b>			
			PRO CONSTRUCTION		<b>e. Election Sum to Date</b>	
					\$ 147.15	
<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"/>	BW	CHECK	PURCHASED POCKET COOLIES	08/24/2017	\$ 147.15	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 441.45	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 3426.45	

# Disbursements

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 BOB WARDEN

THC 905

**3. Type of Disbursement** (Please use separate CRO-1310 forms for each type of Disbursement)

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

**4. Payee Information**  Add  Remove

**a. Full Name, Mailing Address & Phone**  
(include city, state, & zip)

ONslow OKTOBERFEST  
 600 COURT STREET  
 JACKSONVILLE, NC 28540

**b. Coordinated Committee Name**

**c. Level Registered (Specify)**  
 Federal  County:  
 State  Municipality:

**d. Comments**

**e. Election Sum to Date**  
 \$ 120.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BW	CHECK	0	08/18/2017	\$ 120.00	BOOTH @ EVENT
				\$	

**4. Payee Information**  Add  Remove

**a. Full Name, Mailing Address & Phone**  
(include city, state, & zip)

RUN and WIN  
 P. O. Box 2096  
 AIKEN, SC 29802

**b. Coordinated Committee Name**

**c. Level Registered (Specify)**  
 Federal  County:  
 State  Municipality:

**d. Comments**

**e. Election Sum to Date**  
 \$ 305.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BW	CHECK	B	08/30/2017	\$ 305.00	NAIL FILES
				\$	

**4. Payee Information**  Add  Remove

**a. Full Name, Mailing Address & Phone**  
(include city, state, & zip)

THE TROPHY CASE  
 229 WESTERN BLVD.  
 JACKSONVILLE, NC 28546

**b. Coordinated Committee Name**

**c. Level Registered (Specify)**  
 Federal  County:  
 State  Municipality:

**d. Comments**

**e. Election Sum to Date**  
 \$ 128.40

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BW	CHECK	0	09/27/2017	\$ 128.40	NAME TAGS
				\$	

**5. Total only this Page** \$ 553.40

**6. Total of ALL CRO-1310 Pages** \$ 2985.00

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

**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)

**Disbursements**

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>												
THE COMMITTEE TO ELECT BOB WARDEN						TAC 905												
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)</b>																		
<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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove																		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>												
HALIFAX MEDIA - ENC NEWSPAPERS 724 BELL FORK ROAD JACKSONVILLE, NC 28576																		
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>												
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 1134.00												
<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>													
BW	CHECK	A	10/26/2017	\$ 1134.00	NEWSPAPER AD													
				\$														
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove																		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>												
HALIFAX MEDIA - ENC NEWSPAPERS 724 BELL FORK ROAD JACKSONVILLE, NC 28576																		
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>												
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 1678.00												
<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>													
BW	CHECK	A	10/26/2017	\$ 544.00	NEWSPAPER AD													
				\$														
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove																		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>												
PRO IMAGE 51 PLAZA DRIVE B JACKSONVILLE, NC 28540																		
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>												
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 32.10												
<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>													
BW	CHECK	O	10/27/2017	\$ 32.10	IMPRINTED T-SHIRTS													
				\$														
<b>5. Total only this Page</b>						\$ 1710.10												
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 2985.00												
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>																		
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>																		
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>																		
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)																		
<table style="width:100%; border:none;"> <tr> <td>A* - Media</td> <td>B* - Printing</td> <td>C* - Fundraising</td> <td>D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> </table>							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
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															
* Codes require detailed explanation in required remarks field (k)																		

# Disbursements

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 BOB WARDEN						THC-905
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>						
<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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
JACKSONVILLE COUNTRY CLUB 2201 COUNTRY CLUB ROAD JACKSONVILLE, NC 28540						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 721.50
<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>	
BW	CHECK	0	12/15/2017	\$ 721.50	AFTER ELECTION THANK YOU / ELECTION NIGHT	
				\$		
<b>4. 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>b. Coordinated Committee Name</b>		<b>d. Comments</b>
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
<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>	
				\$		
				\$		
<b>4. 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>b. Coordinated Committee Name</b>		<b>d. Comments</b>
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
<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>	
				\$		
				\$		
<b>5. Total only this Page</b>						\$ 721.50
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 2985.00
<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>						
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>						
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						
<b>* Codes require detailed explanation in required remarks field (k)</b>						

# In-Kind Contributions

Pg 1 of 1

Amendment  
 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 BOB WARDEN		THC 905	
<b>3. Contributor Information</b> <input checked="" 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>	
R. STEVE MORRIS 123 BOSCO DRIVE JACKSONVILLE, NC 28540		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 147.15	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
HELPED PURCHASE POCKET COOKIES - IMPRINTED		08/24/2017	\$ 147.15
			\$
			\$
<b>3. Contributor Information</b> <input checked="" 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>	
SANDRA B. HURST 101 GRIMSBY PLACE JACKSONVILLE, NC 28540		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 147.15	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
HELPED PURCHASE POCKET COOKIES - IMPRINTED		08/24/2017	\$ 147.15
			\$
			\$
<b>3. Contributor Information</b> <input checked="" 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>	
ROBERT H. WARDEN, JR. 1006 CLYDE DRIVE JACKSONVILLE, NC 28540		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 147.15	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
HELPED PURCHASE POCKET COOKIES - IMPRINTED		08/24/2017	\$ 147.15
			\$
			\$
<b>4. Total only this Page</b>		\$ 441.45	
<b>5. Total of ALL CRO-1510 Pages</b> <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 441.45	