

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		c. ID Number	
ELECT JOEL CHURCHWELL		OHCA88	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546		07/11/2012	
		e. Phone Number	
		910-455-8764	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2012	04/22/2012	06/30/2012	Vickie L. Atkinson
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <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 type="checkbox"/> Final <input type="checkbox"/> Special	
		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" 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 type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
PNC			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Funds	964		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 2,474.88		\$
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.			
_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	
Vickie L. Atkinson		Vickie L. Atkinson 07/11/2012 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: _____		
RECEIVED JUL 11 2012 BY: _____			
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

Amendment
 Yes 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	
<i>Elect Joel Churchwell</i>	<i>2nd Quarter</i>	<i>OHCA88</i>	
Start of Election Cycle: January 1, <i>2012</i>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start <i>\$3,365.26</i>	<i>\$ 771.70</i>	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ <i>150.00</i>	\$ <i>905.38</i>	
6) Contributions from Individuals (CRO-1210)	\$ <i>360.27</i>	\$ <i>8,966.81</i>	
7) Contributions from Political Party Committees (CRO-1220)	\$ <i>0.00</i>	\$ <i>0.00</i>	
8) Contributions from Other Political Committees (CRO-1230)	\$ <i>0.00</i>	\$ <i>50.00</i>	
9) Loan Proceeds (CRO-1410)	\$ <i>0.00</i>	\$ <i>0.00</i>	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ <i>0.00</i>	\$ <i>0.00</i>	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ <i>0.00</i>	\$ <i>0.00</i>	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ <i>0.00</i>	\$ <i>0.00</i>	
11c) Outside Sources of Income (CRO-1250)	\$ <i>0.00</i>	\$ <i>0.00</i>	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ <i>0.00</i>	\$ <i>0.00</i>	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ <i>0.00</i>	\$ <i>0.00</i>	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ <i>510.27</i>	\$ <i>9,922.19</i>	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ <i>1,980.94</i>	\$ <i>2,794.29</i>	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ <i>0.00</i>	\$ <i>0.00</i>	
13c) Coordinated Party Expenditures (CRO-1310)	\$ <i>0.00</i>	\$ <i>0.00</i>	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ <i>0.00</i>	\$ <i>0.00</i>	
15) Loan Repayments (CRO-1420)	\$ <i>0.00</i>	\$ <i>0.00</i>	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ <i>312.62</i>	\$ <i>2,802.45</i>	
17) In-Kind Contributions (CRO-1510)	\$ <i>110.27</i>	\$ <i>2,853.75</i>	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <i>2,403.83</i>	\$ <i>8,450.46</i>	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <i>1,471.70</i>	\$ <i>1,471.70</i>	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ <i>0.00</i>		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ <i>0.00</i>		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ <i>0.00</i>		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ <i>0.00</i>		
24) Account Transfers Within the Committee (CRO-1720)	\$ <i>0.00</i>		
25) Administrative Support (CRO-1710)	\$ <i>0.00</i>	\$	
26) Forgiven Loans (CRO-1440)	\$ <i>0.00</i>	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ <i>0.00</i>	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Contributions from Individuals

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
ELECT JOEL CHURCHWELL	OHCA88

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Robert Detwiler P O Box 353 Jacksonville, NC 28540 910-455-0867		Lawyer			
		c. Employer's Name/Specific Field			
		Self-Employed			
				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"/>	964	CK# 4654		04/27/2012	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Thomasine Moore 100 Dover Ln Jacksonville, NC 28540-4584		Lawyer			
		c. Employer's Name/Specific Field			
		Self-Employed			
				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"/>	964	CK# 1005		04/27/2012	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Rev. Ernest Perry 896 Lynchburg Dr. Jacksonville, NC 28546 910-577-4175		Pastor			
		c. Employer's Name/Specific Field			
		Bethel Word Ministries 1675 Halltown Rd Jacksonville, NC 910-938-3855			
				e. Election Sum to Date	
				\$ 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"/>	964	Cash		04/28/2012	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Rev. Ernest Perry 896 Lynchburg Dr. Jacksonville, NC 28546 910-577-4175		Pastor			
		c. Employer's Name/Specific Field			
		Bethel Word Ministries 1675 Halltown Rd Jacksonville, NC 910-938-3855			
				e. Election Sum to Date	
				\$ 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"/>	964	Cash		04/28/2012	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 200
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 360.27

Contributions from Individuals

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
ELECT JOEL CHURCHWELL	OHCA88

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Faith Gatling 414 Shamrock Dr Jacksonville, NC 28540-6951 190-347-3162		Retail Manager			
		c. Employer's Name/Specific Field			
		U S Government MCCS			
				e. Election Sum to Date	
				\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	964	CK# 5277		05/05/2012	\$ 25.00
<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)		b. Job Title/Profession		d. Comments	
Alice Sutton P O Box 1175 Sneads Ferry, NC 28460 Best Effort		Best Effort			
		c. Employer's Name/Specific Field			
		Best Effort			
				e. Election Sum to Date	
				\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	964	CK# 2968		05/05/2012	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	964	CK# 2968		05/05/2012	\$ 25.00
<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)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

4. Total only this Page	\$ 50.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 360.27

Contributions from Individuals

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) ELECT JOEL CHURCHWELL	2. ID Number OHCA88
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3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546 910-455-8764	b. Job Title/Profession Financial Management Analyst	d. Comments
	c. Employer's Name/Specific Field U S Government	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	964	Debit Card	60 U S Stamps	04/22/2012	\$ 27.00
<input type="checkbox"/>	964	Debit Card	Flash Drive	05/03/2012	\$ 10.69
<input type="checkbox"/>	964	Debit Card	Ink Cartiages	05/03/2012	\$ 19.03

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546 910-455-8764	b. Job Title/Profession Financial Management Analyst	d. Comments
	c. Employer's Name/Specific Field U S Government	
		e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	964	Debit Card	Printing Paper	05/03/2012	\$ 8.55
<input type="checkbox"/>	964	Debit Card	100 Stamps	05/03/2012	\$ 45.00
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date \$

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

4. Total only this Page	\$ 110.27
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 360.27

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
ELECT JOEL CHURCHWELL					OHCA88
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
The Daily News 724 Bell Fork Road Jacksonville, NC 28546 910-353-1171					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
964	CK# 519	A	05/03/2012	\$1,079.72	News Paper Ad
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
WIKS KISS FM					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
964	CK# 520	A	05/03/2012	\$507.00	Local Radio Time
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
NEX Media/WQSL					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
964	CK# 521	A	05/03/2012	\$256.70	Local Radio Time
				\$	
5. Total only this Page					\$ 1843.42
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>					\$ 1980.94
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.

1. Committee Full Name (and Fund if applicable)					2. ID Number
ELECT JOEL CHURCHWELL					OHCA88
3. Type of Disbursement <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	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
The Daily News 724 Bell Fork Road Jacksonville, NC 28546 910-353-1171					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
964	CK# 525	A	05/11/2012	\$45.56	News Paper Ad (Thank You)
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
J & L Country Buffet Onslow Drive Jacksonville, NC 28540 910-333-1670					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
964	CK# 523	O	05/03/2012	\$91.96	Campaign Committee Brkft
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
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					\$ 137.52
6. Total of ALL CRO-1310 Pages					\$ 1980.94
<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>					
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)

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 JOEL CHURCHWELL			DHC88	
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
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546 910-455-8764		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		04/13/2012
		<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:		\$ 24.05
f. Purpose Code		j. Election Sum to Date		
P		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Financial Management Analyst	Purchased envelopes for mailing receipts			964
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check # 517 (in part)	Purchased envelopes for mailing receipts	04/24/2012	\$ 24.05	
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
Vickie L. Atkinson 108 Chastain Court 910-455-8764		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		04/14/2012
		<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:		\$ 23.52
f. Purpose Code		j. Election Sum to Date		
P		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Financial Management Analyst	U S Government/DoD			964
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check # 517 (in part)	Purchased envelopes for mailing receipts	04/24/2012	\$ 23.52	
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
Vickie L. Atkinson 108 Chastain Cour 910-455-8764		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		04/12/2012
		<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:		\$ 2.14
f. Purpose Code		j. Election Sum to Date		
P		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Financial Management Analyst	U S Government/DoD			964
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check # 517 (in part)	Purchased envelopes for mailing receipts	4/24/2012	\$ 2.14	
4. Total only this Page				\$ 49.71
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 312.62
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)				

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 JOEL CHURCHWELL			DHCA88	
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
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546 910-455-8764		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		04/14/2012
		<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:		\$ 17.10
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code			j. Election Sum to Date	
P			\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Financial Management Analyst		Purchased envelopes for mailing receipts		964
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check # 517 (in part)	Purchased envelopes for mailing receipts		04/24/2012	\$ 17.10
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
Vickie L. Atkinson 108 Chastain Court 910-455-8764		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		04/13/2012
		<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:		\$ 3.75
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code			j. Election Sum to Date	
P			\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Financial Management Analyst		U S Government/DoD		964
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check # 517 (in part)	Purchased envelopes for mailing receipts		04/24/2012	\$ 3.75
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
Vickie L. Atkinson 108 Chastain Cour 910-455-8764		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		04/14/2012
		<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:		\$ 9.49
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code			j. Election Sum to Date	
P			\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Financial Management Analyst		U S Government/DoD		964
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check # 517 (in part)	Purchased 2 nd receipt book		4/24/2012	\$ 9.49
4. Total only this Page				\$ 30.34
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 312.62
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)				

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 JOEL CHURCHWELL			OHCA88	
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
Carmella Fulcher 310 Walnut Creek Ct. Jacksonville, NC 28540 336-391-3380		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		04/15/2012
		<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:		\$ 29.00
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments
Program Coordinator		City of Jacksonville		
				k. Account Code
				964
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check # 524	Paid monthly website domain fee		05/07/2012	\$ 29.00
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
James C. Johnson 245 River Bend Road Jacksonville, NC 28540 910-554-7004		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/21/2012
		<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:		\$ 7.75
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments
Management Analyst		U S Government/DoD		
				k. Account Code
				964
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check # 518 (in part)	Purchased refreshments for campaign meetings		05/02/2012	\$ 7.75
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
James C. Johnson 245 River Bend Road Jacksonville, NC 28540 910-554-7004		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/24/2012
		<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:		\$ 16.03
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments
Management Analyst		U S Government/DoD		
				k. Account Code
				964
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check # 518 (in part)	Purchased refreshments for campaign meeting		5/2/2012	\$ 16.03
4. Total only this Page				\$ 52.78
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 312.62
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)				

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 JOEL CHURCHWELL			DHCA88	
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
James C. Johnson 245 River Bend Road Jacksonville, NC 28540 910-554-7004		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/24/2012
		<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:		\$ 3.49		
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
f. Purpose Code			j. Election Sum to Date	
P			\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Management Analyst	U S Government/DoD			964
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check # 518 (in part)	Purchased refreshments for campaign meetings	05/07/2012	\$ 3.49	
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
James C. Johnson 245 River Bend Road Jacksonville, NC 28540 910-554-7004		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		04/07/2012
		<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:		\$ 16.03		
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
f. Purpose Code			j. Election Sum to Date	
P			\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Management Analyst	U S Government/DoD			964
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check # 518 (in part)	Purchased refreshments for campaign meetings	05/02/2012	\$ 16.03	
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
James C. Johnson 245 River Bend Road Jacksonville, NC 28540 910-554-7004		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		04/10/2012
		<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:		\$ 50.00		
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
f. Purpose Code			j. Election Sum to Date	
P			\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Management Analyst	U S Government/DoD			964
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check # 518 (in part)	Paid security deposit on building for fundraiser	5/02/2012	\$ 50.00	
4. Total only this Page				\$ 69.52
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 312.62
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)				

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 JOEL CHURCHWELL			OHCA88	
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
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546 910-455-8764		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		04/22/2012
		<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:		\$ 27.00
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code			j. Election Sum to Date	
P			\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Financial Management Analyst		U S Government		964
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CK# 517 (in part)	Purchased 60 U S Postal Stamps		04/24/2012	\$ 27.00
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
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546 910-455-8764		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		5/03/2012
		<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:		\$ 10.69
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code			j. Election Sum to Date	
P			\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Financial Management Analyst		U S Government		964
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CK# 522 (in part)	Purchased flash drive for storing campaign information		05/03/2012	\$ 10.69
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
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546 910-455-8764		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		5/03/2012
		<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:		\$ 19.03
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Purpose Code			j. Election Sum to Date	
P			\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Financial Management Analyst		U S Government		964
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
CK# 522 (in part)	Purchase ink cartriages		05/03/2012	\$ 19.03
4. Total only this Page				\$ 56.72
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 312.62
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)				

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 JOEL CHURCHWELL			OHCA88		
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	
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546 910-455-8764		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		05/03/2012	
		<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:		\$ 8.55	
f. Purpose Code			j. Election Sum to Date		
P			\$		
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
Financial Management Analyst		U S Government		964	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CK# 522 (in part)	Purchase printing paper for letters of appreciation		05/03/2012	\$ 8.55	
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	
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546 910-455-8764		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		5/03/2012	
		<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:		\$ 45.00	
f. Purpose Code			j. Election Sum to Date		
P			\$		
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
Financial Management Analyst		U S Government		964	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CK# 522 (in part)	Purchased 100 U S Postal (mailing) Stamps		05/03/2012	\$ 45.00	
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	
		<input 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:		\$	
f. Purpose Code			j. Election Sum to Date		
P			\$		
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				\$ 53.55	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 312.62	
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)					

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
ELECT JOEL CHURCHWELL		OHCA88	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28540 910-455-8764		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
60 U S Postal Stamp		04/22/2012	\$ 27.00
Flash Drive		05/03/2012	\$ 10.69
Ink Cartiages		05/03/2012	\$ 19.03
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28540 910-455-8764		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Printing Paper		05/03/2012	\$ 8.55
100 U S Postal Stamps		05/03/2012	\$ 45.00
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<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	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 110.27	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 110.27	