

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 PJ FOR BOC	c. ID Number 8HCK45
b. Mailing Address (include City, State and Zip Code) 405 MATHEW ANDREW CRT SWANSBORO NC 28584	d. Date Filed 9-30-2019
	e. Phone Number 910-389-4917

2. Report Year 2019	3. Period Start Date (mm/dd/yy) 07-16-2019	4. Period End Date (mm/dd/yy) 09-24-2019	5. Treasurer Full Name BRENDA W PUGLIESE
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6. Type of Committee (Check One)		9. Type of Report <i>(check only one type of report from one category)</i>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund <i>(if applicable, check one)</i>		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 1				

11. Account Information		11. Account Information	
a. Financial Institution Full Name NAVY FEDERAL CREDIT UNION		a. Financial Institution Full Name	
b. Purpose COMMITTEE FUNDS	c. Account Code EKP3	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 25.00		d. Period Begin Balance \$

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.

BRENDA W PUGLIESE

Printed Name of Signer

Brenda W Pugliese

Signature of Appointed Treasurer

09-29-2019

Date

FOR OFFICE USE ONLY

Date Received:

SEP 30 2019

Employee: _____

Delivery Method

Date Postmarked:

Employee: _____

Normal Mail

Date Scanned:

Employee: _____

Registered Mail

Date Data Entered:

Employee: _____

Hand Delivered

Electronically Filed

Signer has not received mandatory training

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.

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	
PJ FOR BOC	35 DAY REPORT	8HCK45	
Start of Election Cycle: January 1, <u>2019</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 25.00	\$ 25.00 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 50.00	\$ 75.00	
6) Contributions from Individuals (CRO-1210)	\$ 3600.00	\$ 3600.00	
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)	\$ 3650.00	\$ 3675.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 823.19	\$ 823.19	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$ 650.00	\$ 650.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1473.19	\$ 1473.19	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2176.81 2201.81	\$ 2201.81	
ADDITIONAL INFORMATION			
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)	\$	\$	

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	
PJ FOR BOC					8HCK45	
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	
YVONNE B ADAMS 597 NORTHLAWN DR LANCASTER, PA 17603 717-592-5311			RETIRE SALES		CANDIDATES AUNT	
			c. Employer's Name/Specific Field			
			BELL TELEPHONE			
					e. Election Sum to Date	
					\$ 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"/>	EKP3	CHECK		07/29/2019		\$ 500.00
<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	
JEFFREY MEIGHEN 8413 GREENWAY RD PARKVILLE, MD 21234 301-922-1349			INJURY SUPPORT COORD		FRIEND OF CANDIDATE	
			c. Employer's Name/Specific Field			
			WOUNDED WARRIOR REGIMENT USMC			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	EKP3	CHECK		08/13/2019		\$ 300.00
<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	
BRADLEY J CARROLL 104 BISHOPSGATE JACKSONVILLE, NC 28540 910-330-3699			INSURANCE AGENT		FRIEND OF CANDIDATE	
			c. Employer's Name/Specific Field			
			SELF EMPLOYED IN OFFICE OF FARM BUREAU			
					e. Election Sum to Date	
					\$ 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"/>	EKP3	CHECK		09/24/2019		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1300.00	
5. Total of ALL CRO-1210 Pages					\$ 3600.00	

(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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
PJ FOR BOC					8HCK45	
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	
LORENZO ABALOS 208 BROOK CROSSING RD SWANSBORO, NC 28584 910-389-7500			INVESTIGATOR		FRIEND OF CANDIDATE	
			c. Employer's Name/Specific Field			
			US OFC OF PERSONNEL MGMT		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"/>	EKP3	CHECK		09/24/2019	\$ 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	
DAVID SWINNEY 207 BROOK CROSSING RD SWANSBORO NC, 28584 828-514-7160			PROJECT MANAGER		FRIEND OF CANDIDATE	
			c. Employer's Name/Specific Field			
			SRS CONSULTING		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"/>	EKP3	CHECK		09/24/2019	\$ 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	
BRANDON S MILLS 206 IVERLEIGH LANE JACKSONVILLE, NC 28540 910-389-0743			INSURANCE AGENT		FRIEND OF CANDIDATE	
			c. Employer's Name/Specific Field			
			SIA GROUP		e. Election Sum to Date	
				\$ 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	EKP3	CHECK		09/24/2019	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages					\$ 3600.00	
<i>(This line must be on line 6 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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
PJ FOR BOC					8HCK45	
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	
JOSEPH P BUCHANAN 402 GREY LAG LN SWANSBORO, NC 28584 910-330-8407			DIRECTOR		SUPPORTER OF CANDIDATE	
			c. Employer's Name/Specific Field			
			COASTAL COMM COLLEGE LAW ENFORCEMENT TRAINING		e. Election Sum to Date	
				\$ 400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	EKP3	CHECK		09/24/2019	\$ 400.00	
<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	
LOGAN D SOSA 905 SCHALL PLACE JACKSONVILLE, NC 28540 910-389-8461			SELF EMPLOYED		FRIEND OF CANDIDATE	
			c. Employer's Name/Specific Field			
			COMFORT HTG/AIR BURRITO SHAK		e. Election Sum to Date	
				\$ 600.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	EKP3	CHECK		09/24/2019	\$ 600.00	
<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	
HEATHER ANN FLOYD 303 FOSTER CREEK DR SWANSBORO, NC 28584 910-326-2155			TEACHER		FRIEND OF CANDIDATE	
			c. Employer's Name/Specific Field			
			HUNTERS CREEK MIDDLE SCHOOL ATHLETIC DEPT		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"/>	EKP3	CHECK		09/23/2019	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1150.00	
5. Total of ALL CRO-1210 Pages					\$ 3600.00	
<i>(This line must be on line 6 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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
PJ FOR BOC					8HCK45	
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	
EDWARD D RADLEY 1164 MOUNT PLEASANT RD SWANSBORO, NC 28584 910-325-7327			SELF EMPLOYED		FRIEND OF CANDIDATE	
			c. Employer's Name/Specific Field			
			THE DESSERT BAR SWANSBORO NC <i>Sweet Edventures</i>		e. Election Sum to Date	
				\$ 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"/>	EKP3	IN KIND	BEVERAGE	09/24/2019	\$ 250.00	
<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	
MIKE EGAN 99 WEST CHURCH ST SWANSBORO, NC 28584 252-371-6000			SELF EMPLOYED		FRIEND OF CANDIDATE	
			c. Employer's Name/Specific Field			
			SALTWATER GRILL SWANSBORO, NC 28584		e. Election Sum to Date	
				\$ 400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	EKP3	IN KIND	FOOD	09/24/1983	\$ 400.00	
<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"/>					\$	
4. Total only this Page					\$ 650.00	
5. Total of ALL CRO-1210 Pages					\$ 3600.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

Amendment

Pg 1 of 1 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
PJ FOR BOC					8HCK45
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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
LEFT TURN DESIGNS 102 SETH THOMAS LN SWANSBORO, NC 28584 910-358-0712					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					\$ 498.62
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
EKP3	DEBIT	O+	08/20/2019	\$498.62	SHIRTS
				\$	
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
NAVY FEDERAL CREDIT UNION 1109 W CORBETT AVE SWANSBORO, NC 28584 1-88-842-6328					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					\$ 23.63
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
EKP3	DEBIT	K+	07/24/2019	\$23.63	BLANK CHECKS CAMPAIGN FUND
				\$	
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
BUILD A SIGN 11525A STONEHOLLOW DR SUITE 100 AUSTIN, TX 78758 1-800-330-9622					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					\$ 300.94
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
EKP3	DEBIT	O+	09-18-2019	\$300.94	ROADSIDE SIGNS
				\$	
5. Total only this Page					\$ 823.19
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>					
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					

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
PJ FOR BOC		8HCK45	
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
EDWARD D RADLEY 1164 MOUNT PLEASANT RD SWANSBORO, NC 28584 910-325-7327		<input checked="" type="checkbox"/> Individual	BEVERAGE FOR FUNDRAISER
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC		
	<input type="checkbox"/> Referendum		d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source		\$ 250.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PROVIDED BEVERAGE FOR FUND RAISING SOCIAL		09/24/2019	\$ 250.00
			\$
			\$
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
MIKE EGAN 99 WEST CHURCH ST SWANSBORO, NC 28584 910-326-7300		<input checked="" type="checkbox"/> Individual	FOOD
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC		
	<input type="checkbox"/> Referendum		d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source		\$ 400.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PROVIDED FOOD FOR FUND RAISING SOCIAL		09/24/2019	\$ 400.00
			\$
			\$
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		d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source		\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 650.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 650.00	