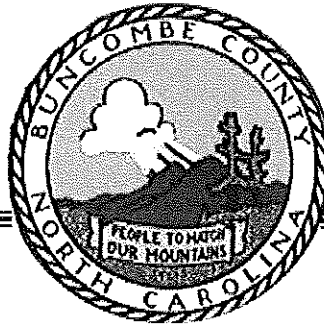


BUNCOMBE COUNTY



BOARD OF ELECTIONS

Jones P. Byrd, Chairman
Lucy Smith, Secretary
Bob Van Wagner, Member
Trena Parker, Director

P.O. Box 7468
Asheville, NC 28802
Telephone 828-250-4200
Fax 828-250-6262

RECEIPT OF CAMPAIGN REPORT

DATE 11-18-11

Join Our Buncombe Solutions
(FULL NAME OF CANDIDATE OR COMMITTEE)

Robbie Russell
(OFFICE OF CANDIDATE OR PAC)

Robbie Russell Title (CIRCLE ONE): CANDIDATE
(PERSON FILING REPORT) TREASURER

828-232-3900 / Haywood St Apt, NC 28801
(PHONE NUMBER) (ADDRESS OF COMMITTEE)

REPORT

- | | |
|---|--|
| <input type="checkbox"/> 2011 ORGANIZATIONAL | <input type="checkbox"/> 1 ST QUARTER |
| <input type="checkbox"/> 2011 MID YEAR SEMI-ANNUAL | <input type="checkbox"/> 48 HOUR |
| <input type="checkbox"/> 35 DAY | <input type="checkbox"/> 2 ND QUARTER |
| <input type="checkbox"/> PRE-PRIMARY | <input type="checkbox"/> 2012 MID YEAR SEMI-ANNUAL |
| <input type="checkbox"/> PRE-ELECTION | <input type="checkbox"/> 3 RD QUARTER |
| <input type="checkbox"/> 2011 YEAR END SEMI-ANNUAL | <input type="checkbox"/> 48 HOUR |
| <input type="checkbox"/> 2012 MID YEAR SEMI-ANNUAL | <input type="checkbox"/> 4 TH QUARTER |
| <input checked="" type="checkbox"/> <u>Post Election Referendum</u> | <input type="checkbox"/> 2012 YEAR END SEMI-ANNUAL |
| <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> FINAL |

RECEIVED BY: Nancy Clair, BUNCOMBE COUNTY BOARD OF ELECTIONS

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 Join Our Buncombe Solutions (J.O.B.S.)		c. ID Number 45-2829969	
b. Mailing Address (include City, State and Zip Code) 1 Haywood Street Asheville, NC 28801		d. Date Filed 11/18/2011	
		e. Phone Number 828-232-3900	
2. Report Year 2011	3. Period Start Date (mm/dd/yy) 10/21/2011	4. Period End Date (mm/dd/yy) 11/19/2011	5. Treasurer Full Name Robby Russell
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input checked="" 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	
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> 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 type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report ongoing		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name Wells Fargo Bank		a. Financial Institution Full Name	
b. Purpose Campaign account for receipt and disbursement	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 64,726.76		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.			
<u>Robby Russell</u> Printed Name of Signer		<u>Robby Russell</u> Signature of Appointed Treasurer	
		<u>11/18/2011</u> Date	
FOR OFFICE USE ONLY			
Date Received:	<u>11-18-11</u>	Employee:	<u>[Signature]</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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. 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	
Join Our Buncombe Solutions (J.O.B.S.)	Post Referendum	45-2829969	
Start of Election Cycle: January 1, 2011		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 64,726.76	\$ 64,726.76
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 625	\$ 625
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)		\$ 4,500	\$ 4,500
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)		\$ 5,125	\$ 5,125
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 41,519.64	\$ 41,519.64
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)		\$ 10,000	\$ 10,000
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 51,519.64	\$ 51,519.64
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 18,332.12	\$ 18,332.12
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-2200)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable) Join Our "Buncombe Soultions (J.O.B.S.)				2. ID Number 45-2829969	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Campbell Shatley, PLLC 674 Merrimon Avenue, Suite 210 Asheville, NC 28804			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation For Profit		
				e. Election Sum to Date \$ 500	
f. Account Code	g. Form of Payment check	h. In-Kind Description	i. Date (mm/dd/yyyy) 10/28/2011	j. Amount \$ 500	
				\$	
4. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Exsol Labs, LIC 1463 Sand Hill Road, Suite 312 Candler, NC 28715			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation For Profit		
				e. Election Sum to Date \$ 2000	
f. Account Code	g. Form of Payment check	h. In-Kind Description	i. Date (mm/dd/yyyy) 11/1/2011	j. Amount \$ 2000	
				\$	
4. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) First Carolina Management P.O. Box 7246 Rocky Mount, NC 27804			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation For PROfit		
				e. Election Sum to Date \$ 2000	
f. Account Code	g. Form of Payment check	h. In-Kind Description	i. Date (mm/dd/yyyy) 09/27/2011	j. Amount \$ 2000	
				\$	
5. Total only this Page				\$ 4,500	
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				\$ 4,500	

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) Join OUR Buncombe Solutions (J.O.B.S.)					2. ID Number 45-2829969
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Mail Management 88 Roberts Street Asheville, NC 28801			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 39,761.06
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	I	10/24/2011	\$10,620.90	Mailings
	Check	I	10/31/2011	\$5,310.45	Mailings
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Mail Management 88 roberts Street Asheville, NC 28801			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 39,761.06
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	I	11/10/2011	\$2,164.30	Mailings
	Check	I	11/3/2011	\$5,879.68	Mailings
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Charter Communication 89 Peachtree Road, Suite 200 Asheville, NC 28803			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 25,533.15
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	A	10/27/2011	\$9,420.55	
				\$	
5. Total only this Page					\$ 33,395.88
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>					\$ 41,519.64
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) Join Our Buncombe Solution (J.O.B.S)					2. ID Number 45-2829969
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Rock Creek Productions 10 Huntington Chase Dr. Asheville, NC 28805		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:		\$ 6,150	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	A	11/10/2011	\$6,150	TV Video Produc
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Paul Choi 27 Parkway Loop Asheville, NC 28805		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:		\$ 13,046.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	E	11/3/2011	\$1,889.18	Salary Expense
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Filo Pastries 1155 Tunnel Road Asheville, NC 28805		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:		\$ 423.01	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	O	11/4/2011	\$84.33	Food
				\$	
5. Total only this Page					\$ 8,123.51
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>					\$ 41,519.64
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				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.

1. Committee Full Name (and Fund if applicable) Join Our Buncombe Solution (J.O.B.S.)					2. ID Number 45-2829969	
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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Wells Fargo 1 Haywood Street Asheville, NC 28801			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:		\$ 6.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	O	10/31/2011	\$.25	Service Charges	
				\$		
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	
			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	
				\$		
				\$		
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	
			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					\$.25	
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>					\$ 41,519.64	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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		
Join Our buncombe Solutions (J.O. B. S.)			45-2829969		
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	
Student Government Assoc of A.B. Tech 340 Victoria Road Asheville, NC 28801		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		09/21/2011	
		<input checked="" 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:		\$ 5,000	
f. Purpose Code		j. Election Sum to Date			
L		\$ 10,000			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
check				11/2//2011	\$ 10,000
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	
Student government Assoc of A.B. Tech 340 Victoria Road Asheville, NC 28801		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		09/21/2011	
		<input checked="" 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:		\$ 5,000	
f. Purpose Code		j. Election Sum to Date			
L		\$ 10,000			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
check				11/2/2011	\$ 10,000
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		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			
		\$			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 10,000
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 10,000
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)					