

COPY

Disclosure Report Cover Sheet

WISCONSIN COUNTY
BOARD OF ELECTIONS

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

RECEIVED

10/23/02

1. Name of Committee or Fund Tackabery For School Board			6. Date 10/21/2002		
2. Address 3109 Gladstonburg Rd.			7. ID Number [REDACTED]		
3. City Winston-Salem		4. State NC	5. Zip 27104	8. Phone 336-768-2501	
9. Type of Report 2002 Third Quarter Plus Report			10. Period Covered		11. Amendment
			Start 8-25-02	End 10-19-02	Yes <input type="checkbox"/>
					No <input checked="" type="checkbox"/>

12. Type of Committee or Fund (Check one)			
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> "Booster Fund"
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Soft Money Account	<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other Fund:			

13. Treasurer Name
Marianne Bach

14. Assistant Treasurer Name(s)
Sheryl H Strade

15. Custodian of Books Name
Marianne Bach

16. Bank/Depository/Credit Account Information			
a. Name	b. Purpose	c. Code	d. Period Begin Balance
Southern Community Bank	Fundraising/Expenses		\$ 6,696.62
			\$
			\$
			\$
			\$
			\$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Marianne Bach
Signature of Appointed Treasurer or Candidate

10/21/02
Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Tackabery For School Board		2002 3 rd Qtr. Plus		[REDACTED]	
Start of Election Cycle: January 1, 2002		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$ - 0 -		
5) Cash on Hand at Start of Present Reporting Period		\$ 6,696.62			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 600.-	\$ 14,045.24		
7) Contributions from Political Party Committees	(CRO-1220)	\$ -	\$ -		
8) Contributions from Other Political Committees	(CRO-1230)	\$ -	\$ -		
9) Loan Proceeds	(CRO-1410)	\$ -	\$ 3,909.49		
10) Refunds & Reimbursements to Committee	(CRO-1240)	\$ -	\$ -		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 3.84	\$ 19.99		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ -	\$ -		
11c) Outside Sources of Income	(CRO-1250)	\$ -	\$ -		
12) TOTAL RECEIPTS	(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 603.84	\$ 17,974.72		
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 5,432.44	\$ 16,106.70		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ -	\$ -		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ -	\$ -		
14) Loan Repayments	(CRO-1420)	\$ 1,300.-	\$ 1,300.-		
15) Refunds from Committee	(CRO-1320)	\$ -	\$ -		
16) In-Kind Contributions	(CRO-1510)	\$ -	\$ -		
17) TOTAL EXPENDITURES	(Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 6,732.44	\$ 17,406.70		
18) Cash on Hand at End of Reporting Period	(For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)	\$ 568.02	\$ 568.02		
Additional Information					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$ 2,609.49			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$			
23) Parent Entity's Administrative Support	(CRO-1710)	\$			

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
Tackabery for School Board						[REDACTED]		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Kim Kelly Mann 509 Westover Av. Winston-Salem, NC 27104 724-6645	[REDACTED]	ck.	08/24/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.-	
b. Job Title/Profession								
c. Employer's Name/Specific Field								
Womble								
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete						\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Robert Tally 604 Archer Rd. Winston-Salem, NC 27106 768-0811	[REDACTED]	ck.	08/27/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.-	
b. Job Title/Profession								
c. Employer's Name/Specific Field								
Robert Tally Law Office								
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete						\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Sudonna Drake 474 N. Avalon Rd. Winston-Salem, NC 27104 334-723-0098	[REDACTED]	ck.	09/04/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.-	
b. Job Title/Profession								
c. Employer's Name/Specific Field								
housewife								
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete						\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Marianne Bach 332 Beechcliff Ct. Winston-Salem, NC 27104 334-760-3248	[REDACTED]	ck.	09/08/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.-	
b. Job Title/Profession								
c. Employer's Name/Specific Field								
Community Volunteer								
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete						\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Delores Sanders 431 Briarlea Rd. Winston-Salem, NC 27104 659-1582	[REDACTED]	ck.	9/9/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.-	
b. Job Title/Profession								
c. Employer's Name/Specific Field								
home maker								
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete						\$		
4. Total only this Page							\$ 400.-	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Tackabery for School Board							[REDACTED]		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Cynthia Gross 4118 Chatham Hill Dr. Winston-Salem, NC 27104	[REDACTED]	CR.	10/1/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.-		
b. Job Title/Profession							k. Election Cycle Sum to Date		
Stock broker							\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
Moran Stanley Dean/Attorney							<input type="checkbox"/> Add <input type="checkbox"/> Delete		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	James A. Hayes, Jr. 7712 Low Oak Rd. Clemmons, NC 27012 336-766-4094	[REDACTED]	CR.	10/11/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.-		
b. Job Title/Profession							k. Election Cycle Sum to Date		
owner - Quik-hub							\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
		[REDACTED]			<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
		[REDACTED]			<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
		[REDACTED]			<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete		
4. Total only this Page							\$ 200.-		
5. Total of ALL CRO-1210 Pages							\$ 600.-		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Other Receipt Sources

1. Name of Committee or Fund Tackabery For School Board				2. ID Number [REDACTED]	
3. Type of Receipt Source <input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations				Outside Sources of Income	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	Southern Community Bk. P.O. Box 26134 Winston-Salem, NC 27114 336-768-8500	[REDACTED]	auto dep. auto dep.	08/30/02 09/30/02	\$ 2.54 \$ 1.28
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. If Not-for-Profit, list Fed ID #:	
5. Total only this Page					\$ 3.84
6. Total of ALL CRO-1250 Related Pages (only show on last page)					\$ 3.84
<small>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</small>					

CRO-1250

NC State Board of Elections

June 2002

Disbursements

1. Name of Committee or Fund <i>Tackabery for School Board</i>							2. ID Number [REDACTED]	
3. Type of Disbursement <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>								
<input type="checkbox"/> Operating Expenses			<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip) <i>Horn + Stronach 315 N. Spruce St. Winston-Salem, NC 27101 (336) 721-2992</i>			d. Purpose <i>Campaign planning & materials</i>	e. Account Number/Code [REDACTED]	f. Form of Payment <i>ck</i>	g. Date (mm/dd/yyyy) <i>09/23/02</i>	h. Amount <i>\$ 5432.44</i>
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
5. Total only this Page							\$ 5432.44	
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>							\$ 5432.44	
<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>								

Loan Repayments

1. Name of Committee or Fund			2. ID Number		
Tackabery For School Board			[REDACTED]		
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
	Jill A. Tackabery 3109 Gladstonbury Winston-Salem, NC 336-768-2501 27104	03/07/2002	9/30/02	[REDACTED]	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$ 3,909.49	\$ 2,609.49	ck	
		f. If Amendment, choose change type:			i. Repayment Amount
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 1300.-
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$		
		f. If Amendment, choose change type:			i. Repayment Amount
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$		
		f. If Amendment, choose change type:			i. Repayment Amount
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$		
		f. If Amendment, choose change type:			i. Repayment Amount
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$		
		f. If Amendment, choose change type:			i. Repayment Amount
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$		
		f. If Amendment, choose change type:			i. Repayment Amount
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$		
		f. If Amendment, choose change type:			i. Repayment Amount
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
4. Total only this Page				\$ 1300.-	
5. Total of ALL CRO-1420 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)				\$ 1,300.-	

Outstanding Loans

1. Name of Committee or Fund		2. ID Number			
Tackabery For School Board		[REDACTED]			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
	Jill A. Tackabery 309 Glacostonbury Winston-Salem, NC 27104 336-768-2501	03/01/2002		0 %	\$ 3909.49
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged	none		\$ 2609.49
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			\$
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			\$
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			\$
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			\$
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance
		g. Security Pledged			\$
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
4. Total only this Page					\$ 2609.49
5. Total of ALL CRO-1430 Pages (only show on last page)					\$ 2609.49
<i>(This line must be on line 24 of Detailed Summary Page CRO-1100)</i>					