

# Disclosure Report Cover

# COPY

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Committee Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |
| <b>a. Full Name</b><br>The Committee to Elect Stan Dean                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>c. ID Number</b><br>5CQ2F3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>215 N. Pine Valley Road<br>Winston-Salem, NC 27104                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>d. Date Filed</b><br>4/30/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>e. Phone Number</b><br>336-409-0784                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |
| <b>2. Report Year</b><br>2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3. Period Start Date (mm/dd/yy)</b><br>1/1/10                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4. Period End Date (mm/dd/yy)</b><br>4/17/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5. Treasurer Full Name</b><br>Russell G. Towner |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |
| <b>6. Type of Committee (Check One)</b><br><input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent<br><input type="checkbox"/> Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>9. Type of Report (check only one type of report from one category)</b><br><table border="1"><tr><td><b>Municipal</b><br/><input type="checkbox"/> Organizational<br/><input type="checkbox"/> Thirty-five day<br/><input type="checkbox"/> Pre-primary<br/><input type="checkbox"/> Pre-election<br/><input type="checkbox"/> Pre-runoff<br/><input type="checkbox"/> Semi-annual<br/><input type="checkbox"/> Mid Year<br/><input type="checkbox"/> Year End<br/><input type="checkbox"/> Final<br/><input type="checkbox"/> Special</td><td><b>State/County</b><br/><input type="checkbox"/> Organizational<br/><input type="checkbox"/> Quarterly<br/><input checked="" type="checkbox"/> First<br/><input type="checkbox"/> Second<br/><input type="checkbox"/> Third<br/><input type="checkbox"/> Fourth<br/><input type="checkbox"/> Semi-annual<br/><input type="checkbox"/> Mid Year<br/><input type="checkbox"/> Year End<br/><input type="checkbox"/> Final<br/><input type="checkbox"/> Special</td><td><b>Referendum</b><br/><input type="checkbox"/> Organizational<br/><input type="checkbox"/> Pre-referendum<br/><input type="checkbox"/> Final<br/><input type="checkbox"/> Supplemental Final<br/><input type="checkbox"/> Annual<br/><input type="checkbox"/> Special</td></tr></table> |                                                    | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |
| <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special                                                                                                           | <b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |
| <b>7. Type of Fund (if applicable, check one)</b><br><input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>10. Special Report Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |
| <b>8. Number of Fundraisers this Report</b><br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |
| <b>11. Account Information</b><br><b>a. Financial Institution Full Name</b><br>Sun Trust Bank<br><b>b. Purpose</b><br>All Campaign Expenses<br><b>c. Account Code</b><br>SPD1<br><b>d. Period Begin Balance</b><br>\$ 100.00                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>11. Account Information</b><br><b>a. Financial Institution Full Name</b><br><b>b. Purpose</b><br><b>c. Account Code</b><br><b>d. Period Begin Balance</b><br>\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |
| <b>CERTIFICATION</b><br>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.<br>Russell G. Towner<br>Printed Name of Signer<br>Russell G. Towner<br>Signature of Appointed Treasurer<br>4/30/10<br>Date |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |
| <b>FOR OFFICE USE ONLY</b><br>Date Received: 5/3/2010<br>Date Postmarked:<br>Date Scanned:<br>Date Data Entered:<br>Employee: Judy Spears<br>Delivery Method:<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><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.

|                                                                                            |  |                                    |  |                                  |  |
|--------------------------------------------------------------------------------------------|--|------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                     |  | <b>2. Type of Report</b>           |  | <b>3. ID Number</b>              |  |
| The Committee to Elect Stan Dean                                                           |  |                                    |  | 5CQ2F3                           |  |
| <b>Start of Election Cycle:</b>                                                            |  | <b>January 1,</b>                  |  | <b>2010</b>                      |  |
|                                                                                            |  | <b>Total this Reporting Period</b> |  | <b>Total this Election Cycle</b> |  |
| <b>4) Cash on Hand at Start</b>                                                            |  | \$ 100.00                          |  | \$ 100.00                        |  |
| <b>RECEIPTS</b>                                                                            |  |                                    |  |                                  |  |
| <b>5) Aggregated Contributions from Individuals</b>                                        |  | <i>(CRO-1205)</i>                  |  | \$                               |  |
| <b>6) Contributions from Individuals</b>                                                   |  | <i>(CRO-1210)</i>                  |  | \$ 300.00                        |  |
| <b>7) Contributions from Political Party Committees</b>                                    |  | <i>(CRO-1220)</i>                  |  | \$                               |  |
| <b>8) Contributions from Other Political Committees</b>                                    |  | <i>(CRO-1230)</i>                  |  | \$                               |  |
| <b>9) Loan Proceeds</b>                                                                    |  | <i>(CRO-1410)</i>                  |  | \$                               |  |
| <b>10) Refunds/Reimbursements To the Committee</b>                                         |  | <i>(CRO-1240)</i>                  |  | \$                               |  |
| <b>11) Other Receipt Sources</b>                                                           |  |                                    |  |                                  |  |
| <b>11a) Interest on Bank Accounts</b>                                                      |  | <i>(CRO-1250)</i>                  |  | \$                               |  |
| <b>11b) Contributions from Not-for-Profit Organizations</b>                                |  | <i>(CRO-1250)</i>                  |  | \$                               |  |
| <b>11c) Outside Sources of Income</b>                                                      |  | <i>(CRO-1250)</i>                  |  | \$                               |  |
| <b>11d) Legal Expense Fund - Other Sources</b>                                             |  | <i>(CRO-1270)</i>                  |  | \$                               |  |
| <b>11 e) Exempt Purchase Price Sales</b>                                                   |  | <i>(CRO-1265)</i>                  |  | \$                               |  |
| <b>12) TOTAL RECEIPTS</b> <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i> |  |                                    |  | \$ 300.00                        |  |
| <b>EXPENDITURES</b>                                                                        |  |                                    |  |                                  |  |
| <b>13) Disbursements</b>                                                                   |  |                                    |  |                                  |  |
| <b>13a) Operating Expenditures</b>                                                         |  | <i>(CRO-1310)</i>                  |  | \$ 19.75                         |  |
| <b>13b) Contributions to Candidates/Political Committees</b>                               |  | <i>(CRO-1310)</i>                  |  | \$                               |  |
| <b>13c) Coordinated Party Expenditures</b>                                                 |  | <i>(CRO-1310)</i>                  |  | \$                               |  |
| <b>14) Aggregated Non-Media Expenditures</b>                                               |  | <i>(CRO-1315)</i>                  |  | \$                               |  |
| <b>15) Loan Repayments</b>                                                                 |  | <i>(CRO-1420)</i>                  |  | \$                               |  |
| <b>16) Refunds/Reimbursements From the Committee</b>                                       |  | <i>(CRO-1320)</i>                  |  | \$                               |  |
| <b>17) In-Kind Contributions</b>                                                           |  | <i>(CRO-1510)</i>                  |  | \$                               |  |
| <b>18) TOTAL EXPENDITURES</b> <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>          |  |                                    |  | \$ 19.75                         |  |
| <b>19) Cash on Hand at End</b> <i>(Add lines 4 and 12 together, then subtract line 18)</i> |  |                                    |  | \$ 380.25                        |  |
| <b>ADDITIONAL INFORMATION</b>                                                              |  |                                    |  |                                  |  |
| <b>20) Non-Monetary Gifts Given to Other Committees</b>                                    |  | <i>(CRO-1330)</i>                  |  | \$                               |  |
| <b>21) Outstanding Loans (incl. ones from other campaigns)</b>                             |  | <i>(CRO-1430)</i>                  |  | \$                               |  |
| <b>22) Debts and Obligations owed By the Committee</b>                                     |  | <i>(CRO-1610)</i>                  |  | \$                               |  |
| <b>23) Debts and Obligations owed To the Committee</b>                                     |  | <i>(CRO-1620)</i>                  |  | \$                               |  |
| <b>24) Account Transfers Within the Committee</b>                                          |  | <i>(CRO-1720)</i>                  |  | \$                               |  |
| <b>25) Administrative Support</b>                                                          |  | <i>(CRO-1710)</i>                  |  | \$                               |  |
| <b>26) Forgiven Loans</b>                                                                  |  | <i>(CRO-1440)</i>                  |  | \$                               |  |
| <b>27) 48-Hour Notice Reports Sum</b>                                                      |  | <i>(CRO-2200)</i>                  |  | \$                               |  |
| <b>28) Contributions to be Refunded</b>                                                    |  | <i>(CRO-1215)</i>                  |  | \$                               |  |

# Contributions from Individuals

Pg \_\_\_\_\_ of \_\_\_\_\_ Amendment ☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| The Committee to Elect Stan Dean                                                                         |                        |                           |                                          |                             | 5CQ2F3                         |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Andrew Halverson<br>201 Fairfax Drive<br>Winston-Salem, NC 27104                                         |                        |                           | Regional Marketing Mgr                   |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | Wells Fargo<br>Wealth Management         |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | SPD1                   | Check 5258                |                                          | 3/15/10                     | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Graham F. Bennett<br>PO Box 2736<br>Winston-Salem, NC 27102                                              |                        |                           | PRESIDENT                                |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | QUALITY OIL CO.                          |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 200.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | SPD1                   | Check 6075                |                                          | 3/19/10                     | \$ 200.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
|                                                                                                          |                        |                           |                                          |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$                             |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 300.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 300.00                      |  |

### Aggregated Non-Media Expenditures

Page \_\_\_\_ of \_\_\_\_

## Amendment

☐ Yes ☐ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

[illegible]