Disalogue Depart Cover	Amendment	,
Disclosure Report Cover	☐ Yes	☑ No
Use this form for general report and committee information, must be signed and submitted along	with other det	ailed forms

Do not use this form to update information. 1. Committee Information a. Full Name Committee to Elect Tim Flinchum

b. Mailing Address (include City, State and Zip Code) 7206 Broad Street Rural Hall NC 27045 336-403-2191 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 12/31/2017 10/24/2017 Timothy Matthew Flinder 9. Type of Report (check only one type of report from one category) 6. Type of Committee (Check One) X Candidate Campaign ☐ Party Municipal State/County Referendum PAC Referendum Organizational Organizational Organizational ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-five day Pre-referendum Quarterly Legal Expense Fund Pre-primary ☐ Final First Pre-election Second Supplemental Final 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth ☐ Special Building Fund Mid Year Semi-annual × Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report ☐ Special ☐ Final ☐ Special NONE 11. Account Information 11. Account Information . Financial Institution Full Name a. Financial Institution Full Name Bank b. Purpose c. Account Code b. Purpose c. Account Code Deposit and Spend Campaign d. Period Begin Balance d. Period Begin Balance \$ 1,041.47 \$ 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. Timothy Matthew Flinchum FOR OFFICE USE ONLY Delivery Method Date Received: Employee: ■ Normal Mail Registered Mail Date Postmarked: Employee: ☐ Hand Delivered ☐ Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: 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**Use this form to summarize a

Amendment No No ☐ Yes

Use this form to summarize all disclosure reporting forms and  1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
Committee to Elect Tim Flinchum	Year E	End Semi Annual	10QC67
Start of Election Cycle: January 1, 2017	. "	Total this Reporting Perio	Total this
4) Cash on Hand at Start		\$ 1,041.47	
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 108.99
6) Contributions from Individuals	(CRO-1210)	\$ 900.00	\$ 3,411.14
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 1,400.00	\$ 4,790.00
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)	\$	\$
	(CRO-1270)	\$	\$
	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,1		\$ 2,300.00	\$ 83/0./3
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,209.50	4 \$7,128.07
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 1,050.13
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 3,209.54	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub		1 /1	\$ /3/.93
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded  CRO-1100 NC State Boar	(CRO-1215)	\$	\$ August 200

		From Individuals individual contributions over \$50 or	Pg contributions und	e of der \$50 if form CR	Amendment Ves No
		me (and Fund if applicable)		CAR OLD AND DESCRIPTION OF THE PARTY OF THE	2. ID Number
(0	mmittee	to Elect Tim Fline	chum		1cac 67
Annual Property of the Parket	tributor Inforn		Add Re	move	
	Name, Mailing Add		b. Job Title/Profe	ession	d. Comments
	de city, state, & zip		Real Es	tate	
		natthen Flinchum	c. Employer's Na	me/Specific Field	
			Self	· .	e. Election Sum to Date
1	Rural Ha	11 NC 27045			\$ 3,411.14
f. Prior	g. Account Code	h. Form of Payment i. In-Kind Descr	ription	j. Date (mm/dd/yyyy	y) k. Amount
	1	check		11/01/201	7 \$ 300
	1	Check		11/02/2017	\$ 200
	1	Check		11/29/201	7 \$ 400
国和10万元的10万元	tributor Inforn		Add 🔲 Re	move	
	Name, Mailing Add		b. Job Title/Profe	ssion	d. Comments
(inclu	de city, state, & zip	)			
			c. Employer's Na	me/Specific Field	
				1	e. Election Sum to Date
					\$
f. Prior	g. Account Code	h. Form of Payment i. In-Kind Descr	ription	j. Date (mm/dd/yyyy	y) k. Amount
					\$
					\$
					\$
3. Con	tributor Inforn	nation	Add Re	move	
	Name, Mailing Add		b. Job Title/Profe	ssion	d. Comments
(inclu	de city, state, & zip				
			c. Employer's Na	me/Specific Field	
ı				ŀ	e. Election Sum to Date
					\$
f. Prior	g. Account Code	h. Form of Payment i. In-Kind Descr	-iption	j. Date (mm/dd/yyyy	y) k. Amount
					\$
					\$
					\$
4. Tot	tal only this I	Page			\$ 900
5. Tot	tal of ALL C	RO-1210 Pages			\$ 900
CRO-1		6 of Detailed Summary Page CRO-1100)  NC State B	oard of Elections		April 2007

TO.					
HIC	1311	rece	ma	ents	
	w	11 20			

	1		, ,	Ame	endmen	1 1	
Pg		of	4		Yes	1	No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Full Name (and Fun					2. ID Number
Commit	tee to Elect	Tim Fl	ncho	m		1CQC 67
3. Type of Dis	THE RESERVE OF THE PERSON NAMED IN				each type of Disl	bursement.)
Operating Ex	penses	ntributions to Candid	lates/Politic	cal Committee	s 🔲 Coo	ordinated Party Expenditures
4. Payee Infor	mation			Add 🔲	Remove	
a. Full Name, N	Mailing Address & Ph	ione		b. Coordinat	ted Committee Nam	e d. Comments
(include city, stat	1		The H			
Wend	y wood			c Level Reg	istered (Specify)	NY TYPE
5300	9 Shattalo	n Dr		Federal	party .	44,004
winst	ton-Salem N	1077106		☐ State	☐ Municipa	ality: e. Election Sum to Date
00 .775 /	3410170	0 0 1110				\$2,173.65
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	0	10/2	5/2017	\$ 150	Consulting
i	Check	0	7	5/2017		Literature Distribution
4. Payee Infor				Add $\square$	Remove	
	iling Address & Phone			b. Coordinat	ted Committee Nam	e d. Comments
(include city, st	ate, & zip)					
insond	y Wood			T 10	1.1.16. 16.)	
wina	y word	1 .		Federal	istered (Specify)  County:	
	Shattalon K			State	Municipa	ality: e. Election Sum to Date
winsto	n-Salem 1	1C Z7/06			<u></u>	\$2,963.65
	To Describe the second	h n C.1.	T. n.		1	
f. Account Code	g. Form of Payment	h. Purpose Code	1	mm/dd/yyyy) /		k. Required Remarks
	Check	0	10/2	7/2017	\$ 340	Campaign Literature Dist.
1	Check	0	11/0	1/2017	\$450	L. tereture Distribution
4. Payee Infor				Add	Remove	
	iling Address & Phone			b. Coordina	ted Committee Nam	e d. Comments
(include city, st	1					
Wendy	Wood			c. Level Reg	istered (Specify)	
5309	Shattalon A	Dr		☐ Federal	County:	
	n-Salem NC			State	☐ Municipa	ality: e. Election Sum to Date
Winston	n-Jalem NC	2 1106				\$3,493.15
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
- (	Check	0	11/0	1/2017	\$ 375	Consulting
1	Check	0	11/10	12017	\$154.50	Consulting
5. Total only t	his Page					\$ 1,869.50
	L CRO-1310 Pages					1
	in line 13a of Detailed Su	mmary Page CRO-1	100 if Ope	rating Expens	ses)	\$3,209.54
(This line goes i	in line 13b of Detailed Su	mmary Page CRO-1	100 if Con	trib to Candid	dates/Political Comm	1) /
Carrie and Carries	in line 13c of Detailed Su	AND DESCRIPTION OF THE PARTY OF		Republication of the second	y Expenditures)	
	Codes (List detailed					
A* - Media	B* - Print	-		undraising		Another Candidate
E - Salaries I - Postage	F* - Equip J - Penalt			litical Party  Office Expe		lolding Public Office Expenses conation to Legal Expense Fund
O* Other	J - reliali	103	K - 0	THE EXPE	U V	omnion to Degai Dapense I una
	ire detailed explana	tion in required	remarks	s field (k)		

T .	Commence of the contract of
he	allecomonte
DIS	bursements

			11	Amendment	,	
Pg	4	of	4	☐ Yes	Ø	No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Full Name (and Fun				2016	2.	ID Number				
Committe	Le to Elect	- Tim F.	linch	um		1	1 (QC 67				
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)											
Operating Expenses											
4. Payee Inform				Add	Remove						
A RESIDENCE OF THE RESI	failing Address & Ph	one		b. Coordinat	ed Committee Na	me d. (	Comments				
(include city, state, & zip)											
Buildasign, com c. Level Registered (Specify)											
c. Level Registered (Specify)  [1525 A Stone Hollow Dr Pederal County:											
Ste 1	A STONE 110	now pr		State	Munici		Election Sum to Date				
	TX 7875	8					631.62				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Requi	ired Remarks				
(	Debit	В	10/2	4/2017	\$ 265,10		nd Signs				
			1	11 1	\$	79.	9 - 7012				
1 Davis Info		L		A44 🖂	D	No. of the Control of					
4. Payee Inform	hing Address & Phone		Ц	Add	Remove ed Committee Nar	Iı -	Comments				
(include city, sta				b. Coordinat	ed Committee Nar	ne a. C	Comments				
Staple.	5			a Louis Dani	stered (Specify)						
430 F	Hanes Mill	Road		Federal	County						
	Salem NC			State	Munici	_	Election Sum to Date				
		-					848.02				
	377-343		,				070.02				
f. Account Code	g. Form of Payment	h. Purpose Code	-	mm/dd/yyyy)		4	red Remarks				
	Debit	B	10/2	5/2017	\$30.94	Prin	+ Campaya Material				
1	Debit	B	10/2	6/2017	\$ 117.41	Print	L Campaign Material				
4. Payee Inform				Add	Remove						
	ing Address & Phone			b. Coordinate	ed Committee Nar	ne d. C	Comments				
(include city, sta	te, & zip)					1					
Flori	Citizens Bo	ant		o Laval Pagi	stered (Specify)						
	•	1017		Federal	County:						
8175	Broad St			State		_	lection Sum to Date				
Rural	Hall NC Z	7045					50.00				
3	36-969-4	230									
f. Account Code	g. Form of Payment	h. Purpose Code	,	nm/dd/yyyy)	j. Amount		red Remarks				
/	Electronic	0	10/2	5/2017	\$ 7	Ba	nKFee				
					\$						
5. Total only th	is Page				ing the state of t	\$	420.45				
	CRO-1310 Pages					4	100073				
	line 13a of Detailed Sun	mary Page CPO 1	100 if Open	rating Evnence	ne)	10000000	2200 -11				
						m) \$	3,209.54				
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)											
7. Purpose Co	odes (List detailed	expenditure cod	e in (h.)	above)							
A* - Media	B* - Printi	A STATE OF THE PARTY OF THE PAR	AND DESIGNATION OF THE PARTY OF	undraising	D - To	Another	Candidate				
E - Salaries	F* - Equip			itical Party			Public Office Expenses				
I - Postage	J - Penalti		K*-O	ffice Expen	ses Q* - I	Oonation	to Legal Expense Fund				
O* Other		Grandwa wate fili a water a sa	_		The state of the s						
* Codes requir	e detailed explanati	on in required	remarks	tield (k)							

Disb	ur	em	ents
DISU	ul		CIIIO

	->		11	Ame	endmen	t ,	,
Pg	5	of	7		Yes	Z	No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Full Name (and Fun					2. ID Number					
	Hee to El		FI	nchum		1CQC 67					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)											
Operating Exp	penses	ontributions to Candid			s 🛮 Co	oordinated Party Expenditures					
4. Payee Inform	A SHARE OF THE PARTY OF THE PAR			Add	Remove						
	Mailing Address & Ph	ione		b. Coordinate	ed Committee Nan	me d. Comments					
(include city, state,		0									
	US Postal Service										
7840 North Point Blud c. Level Registered (Specify)											
	ton Salem			State	Municip						
		700				C SAN DESCRIPTION OF THE PROPERTY OF THE PROPE					
CONTRACTOR OF THE PROPERTY OF					***	\$512.99					
f. Account Code	g. Form of Payment	h. Purpose Code	7	mm/dd/yyyy)		k. Required Remarks					
	Debit	I	10/	26/20/7	\$ 3.99	Postage					
1	Debit	I	11/0	7	\$ 68.00	Postage					
4. Payee Inform	The second linear second linea				Remove	1,00					
	iling Address & Phone				ed Committee Nam	ne d. Comments					
(include city, star	ite, & zip)			The state of the s							
Stap	iles	- 1									
420 F1	Hanes mill.	Road	/	Thursday.	stered (Specify)						
7300	Salem NC	27/05		Federal	County:						
				State	■ Municip						
	377-3436					<b>s</b> 936.59					
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Required Remarks					
1	Debit	B	10/3	30/2017	\$ 28.80	Print Campaign Material					
1	Debit	B	-		\$ 59.77	Print CampaynMade-1al					
4. Payee Inform	nation				Remove						
	ling Address & Phone			b. Coordinate	ed Committee Nam	ne d. Comments					
(include city, stat	te, & zip)										
Campo	augn Partne	er									
16 1	Sudlow State	00+	1	prompt .	stered (Specify)	4000000					
+11c/c/	org MA or	11/20		Federal State	County:						
FIRCUBO	org MIN UI	1920	1	L State	L Municipa	pality: e. Election Sum to Date					
617-5	500-7251					\$ 150.00					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Amount	k. Required Remarks					
1	Debit	A	/	1	\$ 29	webs, te					
1	Debit	1	12/0	-	\$ 29	website					
5. Total only th			1010	1/20//	4 6 1						
						\$ 218,56					
ENTERONOMINE SELECTION OF SEREC	CRO-1310 Pages	P CPO 11	00:60-0	- ti E-mana	<b>.</b>	3300 F//					
the second secon	line 13a of Detailed Sum					\$3,209.54					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)											
7. Purpose Codes (List detailed expenditure code in (h.) above)											
A* - Media	B* - Printir			undraising	D - To	Another Candidate					
E - Salaries	F* - Equip			litical Party		Holding Public Office Expenses					
I - Postage	J - Penaltic			ffice Expens		Oonation to Legal Expense Fund					
O* Other					57 May 2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•					
* Codes requir	re detailed explanati	ion in required r	emarks	field (k)							

Dick	111	com	ents
DISU	uı	SCIII	CIILS

	11		11	Amendment		
Pg	9	of	4	☐ Yes	No No	

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political

committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect tim Flinchum 1CQC 67 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses ☐ Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) US Postal Service c. Level Registered (Specify) 4970 HWY 311 N Federal County: Walkertown NC 27051 State Municipality: e. Election Sum to Date \$ 248.20 Account Code g. Form of Payment h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount Debit 11/03/2017 \$ 248,20 Postage 4. Payee Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Staples c. Level Registered (Specify) 430 E Hanes Mill Road ☐ Federal County: Winston-Salem NC 27/05 State Municipality: e. Election Sum to Date \$1,089.42 336-377-3436 Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Debit 152.83 11/07/2017 Print Campany Materia 4. Payee Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) WCI Graphics c. Level Registered (Specify) 1550 Malone Brook Ln Federal County: Kernersville NC 27284 ☐ State Municipality: e. Election Sum to Date \$ 300 336-416-2080 Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Check 12/04/2017 \$ 300 Print Door Hangers 5. Total only this Page 701.03 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$3,209.54 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 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

Loan	Procee	ds
Loan	Procee	•

		_	Amendment	,
Pg	 of	2	☐ Yes	No No

Use this form to report proceeds from a loan and loan endorser's information

. Committee Full Name (and Fund if applicable)				2.	ID Number	
Committee to Elect Tim F	Elinchon	И		1	CQC 67	
. Lender Information	☐ Add	Remo	ve.	A DESCRIPTION OF THE PERSON OF		
Full Name, Mailing Address & Phone		Title/Professio	CANADA STATE OF THE STATE OF TH	d. (	Comments	
(include city, state, & zip)		1 -			200 200 200 200 200 200 200 200 200 200	
Timothy Matthew Flinch	on R	eal Es,	fort C	e. S	tart Date (mm/dd/yyyy)	
7206 Broad Street	c. Em	ployer's Name/S	Specific Field	400	, ,	
	(	elf			0/25/2017	
Rural Hall NC 27045	2	614		f, E	nd Date (mm/dd/yyyy)	
•					open	
Rate h. Security Pledged	i. Account Cod	e j. Form	of Payment		k. Amount	
O % NONE	1	CI	reck		\$ 500	
Full Name of Lending Institution				m. I	oan Number	
Endorsers/Makers (The people who guarantee the lo	ian I	in the second of the second	a water a second	ise is a value of		
Full Name, Mailing Address & Phone		Title/Professio	n l	c. Emplo	yer's Name/Specific Field	
(include city, state, & zip)					,	
			1			
			of Villages	Amount		
						e. Amoui
		%			\$	
Full Name, Mailing Address & Phone	b. Job	b. Job Title/Profession c.		c. Emplo	Employer's Name/Specific Field	
(include city, state, & zip)						
	d. Percentage			. Amount		
			%	\$		
Full Name, Mailing Address & Phone	b. Job	Title/Profession	n	c. Emplo	yer's Name/Specific Field	
(include city, state, & zip)						
	1					
					THE RESERVE OF THE PARTY OF THE	
	d. Per	d. Percentage e.		e. Amour	Amount	
			%	\$		
Full Name, Mailing Address & Phone	b. Job	Title/Profession	n c	. Emplo	yer's Name/Specific Field	
(include city, state, & zip)					71 - 000 - 000	
	d. Percentage e. /			e. Amour	Amount	
		Be	-	7450		
	1		%	\$		

*		
ann	Proceed	m
Loan	<b>Proceeds</b>	•

	2		7	Amendment	1
Pg	_	of		☐ Yes	☑ No

Use this form to report proceeds from a loan and loan endorser's information

. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Tim	Flinch	um		100067	
. Lender Information	☐ Add ☐	Remove			
Full Name, Mailing Address & Phone		e/Profession		d. Comments	
(include city, state, & zip)			0		
Timothy Matthew Flinch	un Rea	1 Estati	2	e. Start Date (mm/dd/yyyy)	
7206 Broad Street		er's Name/Specific	Field	10/31/2017	
Rural Hall NC 27045	S	elf		f. End Date (mm/dd/yyyy)  OPEN	
Rate h. Security Pledged i.	Account Code	j. Form of Pay	ment	k. Amount	
O % NONE	1	Check	2	\$ 900	
Full Name of Lending Institution				m. Loan Number	
Endorsers/Makers (The people who guarantee the loan.)					
Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title	/Profession	c. F	imployer's Name/Specific Field	
(include tity, state, et zip)			- 1		
	1				
	d. Percentage e. A			Amount	
			70 \$		
Full Name, Mailing Address & Phone	b. Job Title	/Profession	c. E	mployer's Name/Specific Field	
(include city, state, & zip)					
	1				
	1				
	d. Percentage e. /			Amount	
		24,22,000,103,000,0	% \$		
			70 \$		
Full Name, Mailing Address & Phone	b. Job Title	/Profession	c. E	mployer's Name/Specific Field	
(include city, state, & zip)	- AUXEU		-		
	d. Percenta	ge	e. A	mount	
			% \$		
Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title	/Profession	c. E	mployer's Name/Specific Field	
(memor city, state, & zip)	20.70				
	d. Percenta	ge	e. A	mount	
	1		% \$		