m	endment	

Disclosure Report Cover
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information	344.011.07		The Section of the		
a. Full Name			The Martin Ba	c. ID Number	
Ivan Claborne Huff	Finan			ACQ 54Q	
b. Mailing Address (include City, State and Zip Cod				d. Date Filed	
1020 (onrod Rd Lewisulle NC 27023		10/3/2023			
Lecuisonie NC 27023				e. Phone Number	
				336-546-2061	
2. Report Year 3. Period Start Date (mm/de	d/yy) 4. Period	End Date (mm/dd/yy)	5. Treasurer	Full Name	
2023 07/10/2023	10/0	3/2023	Ivan (Jahrne Heffman	
6. Type of Committee (Check One)	9. Type of Rep	oort (check only one	type of repor	t from one category)	
Candidate Campaign Party PAC Referendum	Municipal	State/County	I	Referendum	
PAC Referendum Independent Expenditure Joint Fundraiser	Organization:		ional	Organizational	
Legal Expense Fund	Thirty-five da			Pre-referendum	
	Pre-election	First Seco	15	Final	
7. Type of Fund (if applicable, check one)	Pre-runoff			Supplemental Final Annual	
Booster Fund	Semi-annual	Four	15	Special	
Building Fund	Mid Yea	r Semi-annu	ial	Speedar	
	Year End	d 🚺 Mid	Year 1	0. Special Report Name	
Other:	Final	Year Year		•	
8. Number of Fundraisers this Report	Special	Final			
na		Special			
11. Account Information		11. Account Inform	ation		
a. Financial Institution Full Name		a. Financial Institution	Full Name		
Allegucy Finderal Credit	Union			(m.)	
b. Purpost c. Account Co	de	b. Purpose	c.	Account Code	
Account for the cullection + disburshed Period Beri	4628			8	
Collection + Clisborshul d. Period Begi	in Balance		d	. Period Begin Balance	
of comparign funds \$	0.00			\$	
CERTIFICATION	0.00			Ψ	
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.					
Licin Cleborne Huttman Printed Name of Signer	Sign	nature Appointed Treasu		10/3/23	
FOR OFFICE USE ONLY	0.81	active appointed measu	1101	Date	
Date Received:	Employ	ee:		ery Method	
Date Postmarked:	_ Employ	ee:	R R	ormal Mail egistered Mail and Delivered	
Date Scanned:	_ Employ	ee:	EI	lectronically Filed	
Date Data Entered:	_ Employ		m	gner has not received andatory training	
Please Note: This form cannot be used	to amend commi	ttee information such	as the commi	ittee address, treasurer,	
assistant treasurer, cus You must amend the Statement	stodian of books	information, or accou	int informatio	m.	
CRO-1000	NC State Board		nake committe		
	THE DUALE DUAL	I OI LICCHOIIS		August 2008	

Detailed Summary

Amendment	
Yes	No

Use this form to summarize all disclosure reporting forms and	d to total me	onetary	information		
1. Committee Full Name (and Fund if applicable)	2. Type of			3. ID 1	Number
Committee to elect Irean Huffman	36-	Day	+	AC	Q54Q
Start of Election Cycle: January 1, <u>2023</u>		R	Total this eporting Period	a	Total this Election Cycle
4) Cash on Hand at Start		\$	()	\$	and the second se
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	\$	0
6) Contributions from Individuals	(CRO-1210)	\$	500.00	\$	500.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$	6
8) Contributions from Other Political Committees	(CRO-1230)	\$	0	\$	0
9) Loan Proceeds	(CRO-1410)	\$	0	\$	0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0	\$	0
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	0	\$	6
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0	\$	Ő
11c) Outside Sources of Income	(CRO-1250)	\$	0	\$	0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0	\$	Õ
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0	\$	0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	500.00	\$	500.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	192.39	\$	192.59
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0	\$	0
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0	\$	0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	O	\$	0
15) Loan Repayments	(CRO-1420)	\$	0	\$	0
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	250.00	\$	250.00
17) In-Kind Contributions	(CRO-1510)	\$	0	\$	6
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$	442.39	\$	442.59
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	57.41	\$	57.41
ADDITIONAL INFORMATION					
	(CRO-1330)	\$	0		All and the second s
	(CRO-1430)	\$	0		
	(CRO-1610)	\$	0		
	(CRO-1620)	\$	0		
	(CRO-1720)	\$	0		
	(CRO-1710)	\$	0	\$	0
	(CRO-1440)	\$	0	\$	0
	CRO-2220)	\$	0	\$	0
8) Contributions to be Refunded (CRO-1215)	\$	\mathcal{O}	\$	0

CRO-1100

Aggregated Contributions from Individuals

of	11	

З

Page

Amendment Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1.	1. Committee Full Name (and Fund if applicable) 2. ID Number						
	ano	nittee to) Elect	Iran Huffr	nan	ALQSUQ	
3.	Contrib	itor Information		Lyran Fun		ACCOUL	
_	Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
	Add						
닏	Remove					\$	
E	Add Remove					\$	
E	Add Remove					\$	
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		ly this Page			\$	Ð,	
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(T	(This line must be on line 5 of Detailed Summary Page CRO-1100)						

		m Individuals ividual contributions o	ver \$5	Pg 0 or contributions unde	of s50 if form CR	$\frac{1}{1205}$ is no	Amendment Yes No
		(and Fund if applicat				2. ID Nun	
Comr	nitlee to	elect Iron	\cap	Huffman		0	Q 54Q
the second second second	ibutor Informatio		R		nove		
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	ts
	e city, state, & zip)			Dir: of Adu	rancement		
LVCer) (Iciborne	. Huffman Road		c. Employer's Name/Spe	ecific Field	-	
1020) (onrad	Road		Open Door			
Lewis	sulle NIC a	17022		oper our	1 di la	e. Election S	um to Date
						\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	vv)	k. Amount
	4628	HET. L.			09/22	12023	
	(000	Eletronic Dep.			01120	12023	
							\$
							\$
3. Contr	ibutor Informatio	n		Add 🗌 Rem	nove		
	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments	ş
(include	city, state, & zip)			-			
				c. Employer's Name/Spe	cific Field		
				1.2.1.1.1.1.1			
						e. Election Su	um to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	/y)	k. Amount
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the second s	butor Informatio			Add 🗌 Rem	ove		
	ne, Mailing Address &	r Phone	-	b. Job Title/Profession		d. Comments	
(inciude	city, state, & zip)		_				
				c. Employer's Name/Spec	cific Field		
						e. Election Su	m to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	y)	k. Amount
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							\$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	only this Page					\$	500.00
	of ALL CRO-	•				\$	500.00
(This line	must be on line 6 of D	etailed Summary Page CR	0-1100)				~~~~

Contributions from Political Party Committees

	5		11	Amendment
Pg		of		Yes

No No

Use this form to report contributions from a political party

1. Committee	Full Name (and Fund	if applicable)		2. ID Number					
Committee	to Elect	Iven Huffman		ACQ54Q					
3. Contributor	Information		Remove						
	ling Address & Phone		1	b. Comments					
(include city, sta	ate, & zip)			c. Election Sum to Date					
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	y) h. Amount					
				\$					
				\$					
				\$					
3. Contributor		🗖 Add 🗖 🗋	Remove						
a. Full Name, Mail (include city, sta	ing Address & Phone		b	o. Comments					
d. Account Code	e. Form of Payment	f. In-Kind Description		Election Sum to Date S h. Amount					
			g. Date (min/du/yyyy	\$					
				\$					
				\$					
3. Contributor		🗖 Add 🗖 H	Remove						
a. Full Name, Mail (include city, stat	ing Address & Phone		b	. Comments					
	-,			Election Sum to Date					
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)) h. Amount					
				\$					
				\$					
				\$					
4. Total only	this Page		5	\$ -0-					
	LL CRO-1220 Pag on line 7 of Detailed Summ		5	\$ 0					

Contributions from Other Political Committees

Pg ____

Amendment 6 of Yes \square

No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)						2. П	2. ID Number	
(committee	- to Elect Tra	n He	Aman			A	-CQ54Q	
3. Contributor 1	nformation		Add 🗌] R	emove			
a. Full Name, Mailin			b. Type of Con			d. Co	mments	
(include city, state	e, & zip)	_		ndidate	PAC			
				ferendum				
1			c. Level Regist					
				leral	County:			
			Sta	te	Municipality:	e. Ele	ction Sum to Date	
						\$		
f. Account Code	g. Form of Payment	h. In-Kind	l Description		i. Date (mm/dd/yyyy	/)	j. Amount	
							\$	
							\$	
							\$	
3. Contributor In	and the second se		Add 🗌	Re	emove			
a. Full Name, Mailin			b. Type of Com	mittee		d. Con	nments	
(include city, state	, & zip)			didate	PAC			
				erendum				
			c. Level Registe					
			Fed		County:			
			Stat	e	Municipality:	e. Elec	tion Sum to Date	
						\$		
f. Account Code	g. Form of Payment	h. In-Kind	Description		i. Date (mm/dd/yyyy))	j. Amount	
							\$	
							\$	
							\$	
3. Contributor In			Add 🗌	Re	move			
a. Full Name, Mailing			b. Type of Com	mittee		d. Com	ments	
(include city, state,	& zip)			didate	PAC PAC			
		-		rendum				
		-	c. Level Registe					
			Fede		County:	_		
		ŀ	State		Municipality:	e. Elect	tion Sum to Date	
						\$		
f. Account Code	g. Form of Payment	h. In-Kind	Description		i. Date (mm/dd/yyyy)		j. Amount	
							\$	
							\$	
							\$	
4. Total only this						\$	Q	
5. Total of ALL C (This line must be of	CRO-1230 Pages n line 8 of Detailed Summary Page CRO	-1100)				\$	Ø	

	eceipt Sources	eported on another form	i a int	aract	Pg 7 of	<u> </u>	Amendment Yes No
1. Committee	e Full Name (and Fun	d if applicable)	. 1.e. m	erest	income, not for p		. ID Number
(ammit	tee to Ele	ect Ivan	Heef	ma	<i>n</i>	4	466540
3. Type of Re	ceipt Source (Please	e use separate CRO-125	0 form	s for	each type of Rece	ipt So	urce.)
Interest		ntributions from Not-for-Profi	t Organiz	ations	Terran I	and the second se	rces of Income
and the second s	or Information		Add		Remove		
a. Full Name, M (include city, s	ailing Address & Phone state, & zip)		b. Not	for-P	rofit Federal ID #	d.	Comments
			c. Out	side So	ource Explanation		
						e,]	Election Sum to Date
f. Account Code	g. Form of Payment	L L IZI LIN L d				\$	
and court	g. Form of rayment	h. In-Kind Description	n		i. Date (mm/dd	l/yyyy)	j. Amount
						_	\$
							\$
4. Contributo		增加及其自己規劃增加	Add		Remove		Signal Levis Andrew
a. Full Name, Ma (include city, st	ailing Address & Phone		b. Not-	for-Pr	ofit Federal ID #	d. (Comments
(include city, si	tate, & zip/						
			c. Outs	de So	urce Explanation		
			c. outo	uc Do	urce isspianation	-	
			1			e.F	Election Sum to Date
							Accuon Sum to Date
*						\$	
f. Account Code	g. Form of Payment	h. In-Kind Description			i. Date (mm/dd/	уууу)	j. Amount
							\$
							\$
4. Contributor			Add		Remove	1	and the second second
	iling Address & Phone		b. Not-f	or-Pre	ofit Federal ID #	d. C	Comments
(include city, sta	ate, & zip)						
				1.0		_	
			c. Outsi	16 201	rce Explanation		
						e F	lection Sum to Date
						s	iccuoii sum to Date
Account Code	g. Form of Payment	h. In-Kind Description			i. Date (mm/dd/)		i. Amount
					I. Date (IIII) UU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
						_	\$
							\$
5. Total only		2002 10 10 10	- Exclusion			\$	e
(This line goes in (This line goes in	a line 11b of Detailed Summ	nary Page CRO-1100 if Inter nary Page CRO-1100 if Not-j	for-Profit	Conti	ibution)	\$	Ð
(This line goes in	a line 11c of Detailed Summ	nary Page CRO-1100 if Outsi	ide Sourc	es of 1	Income)		
CRO-1250		NC State Boar	d of Elec	ions			December 2007

Disbursements

0			Amendment
8	of	11	Yes

Pg

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 Fu	nd if applicable)				12	. ID Number	
1		Philippine and the second	, H	forces		1	ACQ 54Q	
(Ommittee to elect Iran Huffman ACQ 54Q 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating Ex		ontributions to Candic			(and a second se		Party Expenditures	
4. Payee Inform	And the second se			Add	Remove	orumateu	Faily Experiorates	
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name						ne d.	Comments	
(include city, state, & zip)								
Staples c. Level Registered (Specify)								
250aa	2509 a Lewisure - demmons Rd Federal County:							
2509 a Lowisone- clemmons Rd Clemmons NG, 27012 Federal County: Election Sum to Date FCBE								
	1 -				of Lewisvill		10101	
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)			uired Remarks	
L1028	lard	B	091	29/2023	\$ 192.50	Fly	ers Print mut	
					\$	Ň		
4. Payee Inform				Add 🔲	Remove			
	ling Address & Phone			b. Coordinat	ed Committee Nam	e d.	Comments	
(include city, sta	ite, & zip)			-				
				c Level Regi	stered (Specify)	-		
				Federal	County:			
				State	Municip	ality: e.]	Election Sum to Date	
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requ	ired Remarks	
					\$			
					\$			
4. Payee Inform	nation		0	Add 🔲	Remove			
a. Full Name, Mail	ling Address & Phone		-	b. Coordinate	ed Committee Nam	e d.	Comments	
(include city, sta	ite, & zip)							
					stered (Specify)			
				Federal	County:			
				State	Municipa	ality: e. l	Election Sum to Date	
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amount	k. Requi	ired Remarks	
					\$			
						<u> </u>		
					\$			
5. Total only th	is Page					\$	1(12.59	
6. Total of ALI	CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Operating Expenses)								
(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* - Equip			itical Party			Public Office Expenses	
I - Postage O* Other	J - Penalti	es	K* • O	ffice Expen	ses Q* - Do	onation	to Legal Expense Fund	
	e detailed explanat	ion in required -	omosla	field (h)				
CRO-1310	e acument explanat			d of Elections		-	December 2009	

Aggregated Non-Media Expenditures

Page _____ of _____

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number					
Com	Committee to Elect Ivan Huffman ACQ 54Q							
3. Payee Information								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/d	ld/yyyy)	f. Amount	g. Required Remarks	
Add Remove						\$	3. 1	
Add	1					+		
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	f ALL CRO-1		-			\$ 9		
		Detailed Summary Page				* <i>-</i> O		
6. Purpose Codes (List detailed expenditure code in (d) above) B* - Printing C* - Fundraising D - To Another Candidate								
E - Salari	es F * -	Equipment				o Another Candidate Holding Public Office Expenses		
I - Postag	e J - Pe	enalties	K* - Office	Expenses	Q* - I	Donations to Lega	d Expense Fund	
O* - Other								
* Codes require detailed explanation in required remarks field (g) CRO-1315 NC State Board of Elections December 2009					-			

Refunds/Reimbu Use this form to report re	ursements From the Con	nmittee P	$\frac{\sqrt{O}}{100}$ of	Amendment Yes No	
Use this form to report refunds/reimbursements, including contributions returned to the contributor. 1. Committee Full Name (and Fund if applicable) 2. ID Number					
1		Afman		ACOSUQ	
3. Payee Information		and the second se	emove	ALABUQ	
a. Full Name, Mailing Addres		d. Type of Com		h. Original Receipt Date	
(include city, state, & zip)		Candidate	PAC		
Ivan Clabor	or Histoman	Referendum	Party	09/22/2023	
1080 coord	Read	e. Level Register		i. Original Receipt Amount	
1020 conrud Lewisville N	(27023	State	County: Municipality:	\$ 500.00	
fewistic /		f. Purpose Code		j. Election Sum to Date	
		1		\$ 500.00	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
Dir. of Advancing	nt Open Door Ministries	1		4628	
n. Form of Payment m. K	equired Remarks		n. Date (mm/dd/yy	yy) o. Amount	
Cash			09/23/202	3 \$ 256.00	
3. Payee Information			emove		
a. Full Name, Mailing Addres (include city, state, & zip)	s & Phone	d. Type of Comm	- I have a second se	h. Original Receipt Date	
(menue eny, state, & zip)		Candidate	PAC Party		
		e. Level Register	ed	i. Original Receipt Amount	
		Federal	County:	\$	
		State	Municipality:	-	
		f. Purpose Code		j. Election Sum to Date	
b. Job Title/Profession				\$	
D. JOD THEFTOTESSION	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
I. Form of Payment m. Re	quired Remarks		n. Date (mm/dd/yyy	y) o. Amount	
				\$	
3. Payee Information		Add 🗖 Re	move		
a. Full Name, Mailing Address	s & Phone	d. Type of Comm		h. Original Receipt Date	
(include city, state, & zip)		Candidate			
		e. Level Registere	Party		
		Federal	County:	i. Original Receipt Amount	
		State	Municipality:	\$	
		f. Purpose Code		j. Election Sum to Date	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	j	k. Account Code	
I. Form of Payment m. Rea	quired Remarks		n. Date (mm/dd/yyy)	y) o. Amount	
				\$	
4. Total only this Page	\$ 2.60,00				
5. Total of ALL CRO-13 (This line must be on line 16	\$ 250,00				
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
	In-Kind O* Other	I 8-147			
"Codes require detaile	a explanation in required remar	ks Heid (m)			

CRC).13	20	
cnu	-13	40	

In-Kind Contributions

of

Amendment Yes

11

No

Ρg \Box Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		198.	2. 1	D Number	
	m				
	effman		(4CQ 54Q	
3. Contributor Information Add	Remove	Contributor	C Co	mmante	
(include city, state, & zip)		Individual Candidate Party PAC Referendum Other Receipt Source		c. Comments d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
				\$	
				\$	
				\$	
	Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of C	C ontributor vidual	c. Con	mments	
	Part		d. Ele \$	ction Sum to Date	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
				\$	
				\$	
				\$	
3. Contributor Information Add R a. Full Name, Mailing Address & Phone	lemove			The state of the second second	
(include city, state, & zip)	Canc Party PAC Refe	ridual lidate ,		nments ction Sum to Date	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount	
				\$	
				\$	
				\$	
4. Total only this Page			\$	-6-	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		情况上述	\$	0	