



North Carolina
State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:

Committee Name: Committee to elect Bill Lashley County Commissioner
 Treasurer Name: William H Lashley
 Treasurer Address: 2212 Cox St.
 (include city, state, & zip) BUTLINGTON NC 27215

 Treasurer Phone: 336-213-4112

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

03-31-2014
 Date Signed

William H Lashley
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

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

Amendment
 Yes No

I. Committee Information				
a. Full Name <u>Committee To elect Bill Lashley County Commissioner</u>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>2212 Cox St. Burlington N.C. 27215</u>			d. Date Filed	
			e. Phone Number <u>336-213-4112</u>	
2. Report Year <u>2014</u>	3. Period Start Date (mm/dd/yy) <u>01-01-2011</u>	4. Period End Date (mm/dd/yy) <u>04-20-2014</u>	5. Treasurer Full Name <u>William H Lashley</u>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		Referendum
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name		
II. Account Information				
a. Financial Institution Full Name <u>Wells Fargo Bank</u>				
b. Purpose <u>C</u>		c. Account Code		
		d. Period Begin Balance \$ <u>0</u>		
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other undisclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections				
<u>William H Lashley</u> Printed Name of Signer		<u>William H Lashley</u> Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<u>4-28-14</u>	Employee:	<u>WHL</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

04-28-14 11:47 RCVD

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to elect Bill Lashley		Cstr.			
Start of Election Cycle: January 1, 2011		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 920.00		\$ 920.00	
6) Contributions from Individuals (CRO-1210)		\$ 999.00		\$ 999.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ —		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$ —		\$	
9) Loan Proceeds (CRO-1410)		\$ —		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ —		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ —		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ —		\$	
11c) Outside Sources of Income (CRO-1250)		\$ —		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,919.00		\$ 1,919.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1,030.00		\$ 1,030.00	
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)		\$ 99.00		\$ 99.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,129.00		\$ 1,129.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 790.00		\$ 790.00	
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-1215)		\$		\$	

Disbursements

Pr ____ of ____ Amendment Yes 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 Bill Lashley County Commissioner							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ALAMANCE News PO BOX 431 GRAHAM N.C. 27253							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 159.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CK		04-09-14	\$ 159.84	New Paper Adds		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MEBANE ENTERPRISE 106 North Fourth St, MEBANE N.C. 27302							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 96.39	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CK		04-09-14	\$ 96.39	New Paper Adds		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WELLS FARGO BANK 2822 S Church St, BURLINGTON NC 27245							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 5.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Draft		04-10-14	\$ 5.00	Monthly Service Fee		
				\$			
5. Total only this Page						\$ 266.23	
6. Total of ALL CRO-1310 Pages						\$ 1030.00	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
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		O* - Other	
<small>* Codes require detailed explanation in required remarks field (k)</small>							

Disbursements

Amendment

Page ____ of ____ Yes 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) <i>Committee To elect Bill Lashley County Commission</i>						2. ID Number
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>336-226-7148</i> <i>Markell Printing</i> <i>718 EAST DAVIS Street</i> <i>Burlington, NC 27215</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <i>300.13</i>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>CK</i>	<i>0</i>	<i>03/17/14</i>	<i>\$300.13</i>	<i>Advertising Items</i>	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>336-506-3063</i> <i>Burlington Times News</i> <i>P.O. Box 481</i> <i>Burlington, N.C. 27215</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <i>468.64</i>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>CK</i>	<i>0</i>	<i>04-01-14</i>	<i>\$468.64</i>	<i>News Paper Ads</i>	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						\$ <i>768.77</i>
6. Total of ALL CRO-1310 Pages						\$ <i>1030.00</i>
(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 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		O* - Other
* Codes require detailed explanation in required remarks field (k)						

In-Kind Contributions

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)		2. ID Number	
Committee to elect Bill Lashley County Commissioner			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> William H Lashley 2212 Coy St. Burlington NC 27215	b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 99.00	
e. Description	f. Date (mm/dd/yyyy) 02-17-14	g. Fair Market Amount \$ 99.00	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
4. Total only this Page		\$ 99.00	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 99.00	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to elect Bill Lashley County Comm.							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
John M. HALL PO Box 5137 BULLINGTON N.C. 27216				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		CK.		03-27-14	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LARRY R. COOK 609 HUNTINGDON ST. ELON N.C. 27244				AC Technecian			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Cook Air Conditioning		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		CK.			\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
William H Lashley 2212 COY ST. Burlington NC 27215							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 99.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>				02-17-14	\$ 99.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 299.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 999.00	

Contributions from Individuals

Amendment Pg ____ of ____ Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to elect Bill Lashley County Commissioner							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Roger E OWENS 8140 Coble Mill Rd. SNOW CAMP N.C. 27349				Retired		e. Election Sum to Date \$ 200.00	
				c. Employer's Name/Specific Field			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		CK		03-12-14	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Brenda L. Coble Foster Store Rd. Liberty N.C. 27298				Retired		e. Election Sum to Date \$ 500.00	
				c. Employer's Name/Specific Field			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		CK.		03-27-14	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 700.00		
5. Total of ALL CRO-1210 Pages					\$ 999.00		
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to elect Bill Lashley County Commissioner						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		03-12-14	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-12-14	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-12-14	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-12-14	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-14-14	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-14-14	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-15-14	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-16-14	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-16-14	\$ 75.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-17-14	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-17-14	\$ 75.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-19-14	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-14-14	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-18-14	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-17-14	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-21-14	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-20-14	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-21-14	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-24-14	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-27-14	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		03-27-14	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		04-07-14	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		"		04-10-14	\$ 50.00	
4. Total only this Page					\$ 870.00	
5. Total of ALL CRO-1205 Pages					\$ 920.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

