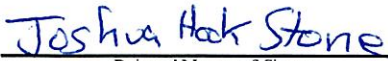
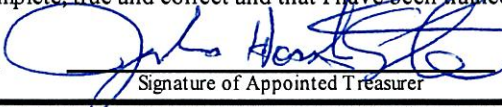


# Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

1. Committee Information			
a. Full Name		c. ID Number	
PAMELA TYLER THOMPSON FOR COUNTY COMMISSIONER			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
2222 DELANEY DRIVE BURLINGTON, NC 27215		01/27/2024	
		e. Phone Number	
		(336) 213-8788	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	07/01/2023	12/31/2023	JOSHUA H STONE
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" 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		<b>Municipal</b> <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	
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<b>State/County</b> <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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>	
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIDELITY BANK OF NC			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FINANCIAL TRANSACTIONS	2	RECEIVED	
	d. Period Begin Balance	APR 05 2024	d. Period Begin Balance
	\$ 74.34	ALAMANCE COUNTY BOARD OF ELECTIONS	\$
<b>CERTIFICATION</b>			
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			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		01/27/2024 Date	
FOR OFFICE USE ONLY			
Date Received:	_____	Employee:	_____
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
<b>Please Note:</b> 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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
PAMELA TYLER THOMPSON FOR COUNTY COMMISSIONER	2023 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 150.00	\$ 150.00
6) Contributions from Individuals	(CRO-1210)	\$ 5,509.00	\$ 5,509.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 5,659.00	\$ 5,659.00
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,699.00	\$ 3,699.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 84.00	\$ 84.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,783.00	\$ 3,783.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,876.00	\$ 1,876.00
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

# Aggregated Contributions from Individuals

Page 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
PAMELA TYLER THOMPSON FOR COUNTY COMMISSIONER						
<b>3. Contributor Information</b>						
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	
<input type="checkbox"/> Add	2	Check		12/15/2023	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Check		12/11/2023	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Check		12/21/2023	\$	50.00
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$	\$150.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$	\$150.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

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	
PAMELA TYLER THOMPSON FOR 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	
TOM COBLE 4357 A EAST GREENSBORO CHAPEL HILL RD GRAHAM, NC 27253				RETIRED		
				c. Employer's Name/Specific Field		
				COUNTY FORD		
				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"/>	2	Check		12/21/2023	\$ 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	
ISAAC HOLT 2730 ISAAC HOLT TRAIL GRAHAM, NC 27253				RETIRED		
				c. Employer's Name/Specific Field		
				I HOLT LUMBER		
				e. Election Sum to Date		
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Check		12/13/2023	\$ 1,000.00	
<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	
ELEANOR JORDAN 1619 PINE AVENUE SAXAPAHAW, NC 27340				RETIRED		
				c. Employer's Name/Specific Field		
				HOMEMAKER		
				e. Election Sum to Date		
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Check		12/15/2023	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1210)					\$ 5,509.00	

# Contributions from Individuals

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	
PAMELA TYLER THOMPSON FOR COUNTY COMMISSIONER						
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LINDA KINNEY 3132 DELANEY DRIVE BURLINGTON, NC 27215			RETIRE HAIRDRESSER			
			c. Employer's Name/Specific Field			
			ELEANOR'S		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Check		11/02/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BILL MANESS 7561BAYFIELD ROAD SNOW CAMP, NC 26349			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			POT HOLES		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"/>	2	Check		12/04/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JONCEY MARTIN 22 N W COURT SQUARE GRAHAM, NC 27253 (336) 229-1002			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			COURT SQUARE FLORIST		e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	2	Check		12/14/2023	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 375.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1210)					\$ 5,509.00	

# Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

<b>2. Committee Full Name (and Fundraising Name)</b>						<b>ID Number</b>
PAMELA TYLER THOMPSON FOR COUNTY COMMISSIONER						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DAVID S PATTERSON 2879 ROB SHEPHERD ROAD ALAMANCE, NC 27201			DENTIST			
			<b>c. Employer's Name/Specific Field</b>			
			PATTERSON FAMILY DENTAL CARE			
					<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"/>	2	Check		12/14/2023	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
STEVE SUMNER 414 OLD FARM ROAD GRAHAM, NC 27253			RETIRED INDEPENDENT DISTRIBUTER			
			<b>c. Employer's Name/Specific Field</b>			
			LANCE			
					<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"/>	2	Check		12/01/2023	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
PAMELA TYLER THOMPSON 2222 DELANEY DRIVE BURLINGTON, NC 27215			ALAMANCE COUNTY COMMISSIONER			
			<b>c. Employer's Name/Specific Field</b>			
			ALAMANCE COUNTY			
					<b>e. Election Sum to Date</b>	
					\$ 2,500.00	
<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"/>	2	Check		11/14/2023	\$ 2,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 2,700.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1210)</i>						\$ 5,509.00

# Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>	
PAMELA TYLER THOMPSON FOR COUNTY COMMISSIONER						
<b>3. Contributor Information</b>						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
PAMELA TYLER THOMPSON 2222 DELANEY BURLINGTON, NC 27215			COUNTY COMMISSIONER			
			<b>c. Employer's Name/Specific Field</b>			
			ALAMANCE COUNTY			
			<b>e. Election Sum to Date</b>			
			\$ 84.00			
<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"/>	2	In-Kind	CANDIDATE FILING FEE	12/04/2023	\$ 84.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b>						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
JOSEPH H WADE 6706 ASHTON PARK DRIVE OAK RIDGE, NC 27310			OWNER/PRESIDENT			
			<b>c. Employer's Name/Specific Field</b>			
			SHELBA D JOHNSON TRUCKING			
			<b>e. Election Sum to Date</b>			
			\$ 250.00			
<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"/>	2	Check		12/12/2023	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 334.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary for CRO-1210)</i>					\$ 5,509.00	

# Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
PAMELA TYLER THOMPSON FOR COUNTY COMMISSIONER						
<b>3. Type of Disbursement</b> <i>(Please use appropriate CRO-1100 form for each type of disbursement)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
ALAMANCE NEWS 114 WEST ELM STREET GRAHAM, NC 27253						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$ 399.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
2	Check	A	12/20/2023	\$ 399.00	NEWSPAPER AD	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
LAMARR ADVERTISING P.O. BOX 746966 ATLANTA, GA 30374 (336) 292-4242						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$ 3,300.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
2	Check	A	11/15/2023	\$ 2,500.00	ELECTRONIC SIGN	
2	Check	A	11/20/2023	\$ 800.00	ELECTRONIC SIGN	
<b>5. Total only this Page</b>						\$ 3,699.00
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 3,699.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
<b>7. Purpose Codes</b> <i>(Use detailed explanation code in 10)</i>						
<b>A* - Media</b>		<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		<b>Q* - Donation to Legal Expense Fund</b>
<b>O* Other</b>						
<b>* Codes require detailed explanation in required summary field(s)</b>						



# In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>
PAMELA TYLER THOMPSON FOR COUNTY COMMISSIONER		
<b>3. Contributor Information</b>		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>
PAMELA TYLER THOMPSON 2222 DELANEY BURLINGTON, NC 27215		<input checked="" 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
		<b>c. Comments</b>
		<b>d. Election Sum to Date</b>
		\$ 84.00
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
CANDIDATE FILING FEE	12/04/2023	\$ 84.00
		\$
		\$
<b>4. Total only this Page</b>		\$ 84.00
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be an line 17 of Detail Summary Page CRO-1100)</i>		\$ 84.00