	_				Amendment
Disclosure Re	<b>■</b> .0	f1		L 1 . 1	Yes No
	neral report and committee in to update information	nformation, must be	e signed and su	bmitted along with	other detailed forms.
1. Committee Inform					
a. Full Name		DECE	TTT		c. ID Number
MORCOMBE	E4SCHOOLBOARD	RECE	IVED		
b. Mailing Address (inclu	ude City, State and Zip Code)	JAI: 1 (	2025		d. Date Filed
474 THOMPS	ON ROAD	BY: CA	4		01/10/2025
GRAHAM NC 27253		DI:			e. Phone Number
					321-474-1708
2. Report Year	3. Period Start Date (mm/dd	I/VVI	End Date	5. Treasurer Fi	ull Name
2024	07/01/2024	(mm/dd/yy)	/2024	PETER HALE	Y MORCOMBE
01100010000	0.000.000 - 0.000.000.000.000.000.000.00	0.000.000.0000	and the second	1	
6. Type of Committee Candidate Campai		9. Type of Report		nly one type of repo County	ort from one category)
PAC	Referendum	Organizationa		Organizational	Organizational
Independent				1900-0	
Expenditure  Legal Expense Fu	Joint Fundraiser	Thirty-five day	y	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	A VI CIT SECONDE SA CONSEGURACION DE LA CONTRACTOR DE LA	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
		Mid Yea	r	Semi-annual	
Other:		Year Enc		Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fundr	aisers this Report	Special		Final	
	0			Special	
11. Account Informa			11. Account	Information	
a. Financial Institution F			a. Financial Inst	titution Full Name	
ATLANTIC U					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
	d. Period Begin Balance				d. Period Begin Balance
	\$ \$64.35				\$
CERTIFICATION					
I certify that the Com	mittee or Fund is in complia	nce with all applica	ble provisions	of Article 22A, 22	B, & 22D-22M of Chapter 163 of
the NC General Statu	tes and that no funds are com	nmingled with prob	ibited or other	non-disclosed fund	ds. I further certify that this report
	correct and that I have been t	trained by the NC S	State Board of I	Elections.	
P.H.MORCO	OMBE Printed Name of Signer		ignature of Appoin	ted Tananana	01/10/2025
FOR OFFICE USE ON		5.	gracupe or Appoin	ted Treasurer	Date
	1-10-2025	, ,	06	5	Delivery Method
Date Received:		Employee:			Normal Mail
Date Postmarked		Employee:			Registered Mail
Date 1 Ostillarked	•	Employee.			Hand Delivered
Date Scanned:		Employee:			Electronically Filed

**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.

Employee:

Date Data Entered:

Signer has not received mandatory training

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. 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number MORCOMBE4SCHOOLBOARD **3RD QUARTER** Total this 2024 Total this Start of Election Cycle: January 1, **Reporting Period Election Cycle** Cash on Hand at Start 64.35 \$ 0 RECEIPTS Aggregated Contributions from Individuals (CRO-1205) Contributions from Individuals (CRO-1210) 1.010.00 \$ 1,160.00 **Contributions from Political Party Committees** 250.00 \$ (CRO-1220) 250.00 **Contributions from Other Political Committees** \$ \$ (CRO-1230) Loan Proceeds 9) (CRO-1410) 2386.21 \$ 2.386.21 10) Refunds/Reimbursements To the Committee (CRO-1240) \$ \$ 11) Other Receipt Sources A Service Contractor Contract 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) \$ 11 e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) \$ 3,646.21 3,796.21 **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) 2,844.21 \$ 2,850.36 13b) Contributions to Candidates/Political Committees 79.50 \$ (CRO-1310) 79.50 13c) Coordinated Party Expenditures \$ (CRO-1310) \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ \$ 15) Loan Repayments (CRO-1420) 300.00 300.00 Refunds/Reimbursements From the Committee \$ 16) (CRO-1320) **In-Kind Contributions** \$ 17) \$ (CRO-1510) 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 3,144.21 \$ 3,229.86 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 566.35 \$ 566.35 ADDITIONAL INFORMATION 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) \$ Account Transfers Within the Committee 24) (CRO-1720) \$ 25) Administrative Support (CRO-1710) \$ \$ 26) Forgiven Loans (CRO-1440) 27) 48-Hour Notice Reports Sum \$ (CRO-2220) \$ Contributions to be Refunded (CRO-1215) \$ \$

Use this	form to report indi	vidual contributions	over \$5	0 or contrib	outions unde	er \$50 if form CR	O 1205 is no	ot used		
1. Comn	nittee Full Name (	(and Fund if applica	ble)				2. ID Num	2. ID Number		
MORCO	MBE4SCHOOLE	SOARD								
3. Contr	ibutor Informatio	on		Add	Ren	nove				
a. Full Nan	ne, Mailing Address &	ሉ Phone		b. Job Titi	le/Profession		d. Comment	s		
	city, state, & zip)			FARME	ER					
Henry Vi										
3450 Isl	-			c. Employ	er's Name/Sp	ecific Field	_			
	mp, NC 27349			NOT	EMBI OME	'D	e. Election S			
336-263	-0251			NOI	EMPLOYE	ענ	e. Election St	nui to Date		
							\$	100.00	)	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amour	nt	
		CHECK				10/04/2024	1	\$	100.00	
								\$		
								\$		
3. Contri	ibutor Informatio	on		Add	Ren	iove				
a. Full Nan	ne, Mailing Address &	& Phone	<u> </u>	b. Job Titl	e/Profession		d. Comments	;		
(include	city, state, & zip)			SECRE	TARY					
Maria Ine	es Morcombe	•								
	npson Road			c. Employ	er's Name/Spe	ecific Field				
	NC 27253			NOTE T	n mr ounr		->			
321-474-	1749			NOTE	EMPLOYEI	)	e. Election Sum to Date			
							\$	300.00	)	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descript	tion	j. Date (mm/dd/yy	уу)	k. Amour	nt	
		CHECK				09/19/202	24	\$	300.00	
								\$		
								\$		
3. Contri	butor Informatio	n		Add	Rem	iove				
	ne, Mailing Address &	k Phone			e/Profession		d. Comments	3		
	city, state, & zip)			TEACH	ER					
1	aron Pfeiffer			- Familian						
	ch Glen Court NC 27302			c. Employe	er's Name/Spe	ciric Field	-			
973-687					E		e. Election Su	ım to Date		
0.000				NOT E	MPLOYED	)				
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			-					\$		
4 55 1								\$	700.00	
	only this Page						\$		700.00	
	of ALL CRO	_					\$		1,010.00	
(This line	e must be on line 6 of l	Detailed Summary Page C	RO-1100	)						

**Contributions from Individuals** 

Amendment

Yes

No

		m Individuals				Pg	2		Amend	ment Yes No
		ividual contributions		0 or co	ntribut	ons und	er \$50 if form (			
		(and Fund if applica	ibie)					2. ID Nu	ımber	
MORCC	MBE4SCHOOLE	BOARD								
1	ibutor Informati			Add		Rei	nove			
L.	me, Mailing Address	& Phone				rofession		d. Comme	nts	
Lanny H	city, state, & zip)			-	ARME	i.R				
1 7	arkwood Drive			c. En	mlaver's	Name/Sc	ecific Field	-		
	t, NC 28012				- <u>F</u>					
336-376	5-0367			NO	Т ЕМР	LOYED	)	e. Election	Sum to Dat	e
								\$	200.0	00
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind De	scription		j. Date (mm/dd	уууу)	k. Amo	unt
		CHECK					9/14/20	024	\$	200.00
									\$	
									\$	
3. Contr	ibutor Informatio	n		Add		Rer	nove		· !	
a. Full Nat	a. Full Name, Mailing Address & Phone					rofession		d. Commer	nts	<u></u>
	city, state, & zip)			PR	OFES	SOR				
John Sta	ddon ore Drive			- P-		NI	iti- Ti-14			
	NC 27253			C. Ell	ipioyer s	маше/эр	ecific Field			
919-522-				NO	OT EM	PLOYE	D	e. Election	Sum to Date	1
				•				\$	110.0	0
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Des	cription		j. Date (mm/dd/	 yyyy)	k. Amou	ınt
		CASH				_	09/14/2	024	\$	110.00
									\$	
						•			\$	
3. Contr	ibutor Informatio	n		Add		Ren	nove			
a. Full Nar	ne, Mailing Address 8	k Phone		b. Jot	Title/Pa	ofession		d. Commen	ıts	
(include	city, state, & zip)			-						
				c Em	nlover's	Name/Sn	ecific Field			
				C. Em	projer s	rumer op	circ reiu	7		
								e. Election S	Sum to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Des	cription		j. Date (mm/dd/	уууу)	k. Amou	int
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									\$	
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

1,010.00

310.00

\$

\$

<b>Disbursem</b> Use this form to		s from the cor	nmitt	ee f	Pg or; operating expenses	_1_ s, contributio	of <u>2</u> ons to candid	Amendment Yes  date/political	N <sub>0</sub>
committees and	coordinated party e	xpenditures.							
	ull Name (and Fu		ole)					2. ID Number	
	MBE4SCHOOLBC								
3. Type of Disb					-1310 forms for each	type of Dist	1		
Operating E	<del></del>	Contributions	to Car	ndida	tes/Political Committees		Coordinat	ed Party Expenditures	
4. Payee Inform				A	dd	Remove			
	ng Address & Phone			b.	Coordinated Committee I	Name	d. C	omments	
(include city, state,				-					
OFFICE DEPO 1825 S Church				<u> </u>	I Danistanal (Curaifu)	<del></del>			
	•			<del>c.</del>	Level Registered (Specify) Federal				
Burlington, NC	2/215			$  \downarrow$	╡	County:			
336-226-6122					State	Municipali	ty: e. El	ection Sum to Date	
								470.77	
f. Account Code	g. Form of Payment	h. Purpose C	ode		i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks	
	DEBIT CARD	В			9/19/24	\$ 470.77	, FL	YERS	-
					\$				
4. Payee Inform	ation			A	dd -	Remove			
a. Full Name, Mailing Address & Phone				b.	Coordinated Committee N	lame	d. Co	omments	
(include city, state,									
DIRT CHEAP S									
6706 Lohmans F	Fork Road Lago Vis	ta, TX 78645		<u> </u>					
				c. Level Registered (Specify)			<del></del>		
					Federal	County:	<u> </u>		
				LZ	State	Municipali	ty: e.El	ection Sum to Date	
							\$	972.82	
f. Account Code	g. Form of Payment	h. Purpose C	ode		i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
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						\$			
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(include city, state,									
	hurch Street, Burlin	igton		<u> </u>	t 10 to 10 to				
NC 27215				C. 1	Level Registered (Specify)				
336-585-0022					Federal	County: Municipali	ty: e. Eli	ection Sum to Date	
							\$	237.04	
f. Account Code	g. Form of Payment	h. Purpose Co	ode	1	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
	CHECK	В			10/15/24	\$ 237.04	S	IGNS	
				$\dashv$		\$		<u>-</u> . <u>-</u>	
5. Total only thi							\$	1,680.63	
	CRO-1310 Pages line 13a of Demiled Sun	ımary Page CRO	)-1100	if O	perating Expenses)	16	\$	2,844.21	

(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.) abovi
7.	Purpose Codes	TLIST GERMEG	expenditure	code in i	л. г арсу

A\* - Media  $\boldsymbol{E}$  - Salaries B\* - Printing F\* - Equipment C\* - Fundraising

D - To Another Candidate

I - Postage

J - Penalties

G - Political Party K\* - Office Expenses H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund

O\* - Other

\* Codes require detailed explanation in required remarks field (k)

Amendment

No

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

1. Committee F	Full Name (and Fun	ıd if applicabl	ie)						2. ID Number	
	MBE4SCHOOLBO									
3. Type of Disb			ite <u>Cl</u>	<u>RO-</u> :	1310 forms for e	ach 1	type of Disburser	ment.)		
Operating E					es/Political Committe				ed Party Expenditures	
4. Payee Inform			$\overline{}$	Ad	<del> </del>	777	Remove	-		
		<u> </u>			iu Coordinated Commi	' N		1 a C	omments	
	ing Address & Phone		<u> </u>	D. C	Joordinated Commi	ittee 144	ame	a. c.	omments	
(include city, state, ALAMANCE N			-							
ALAMANCE N 114 W Elm Stre			<b> </b>	- T	19-vi-to-ad (Sr.	-14.,)		-		
			ŀ	C, L	evel Registered (Sp	еспу	-	_		
Graham, NC 27	′253				Federal	Щ	County:	<u> </u>		
336-228-7851			Ļ	X	State		Municipality:	e. Ele	ection Sum to Date	
				_		_		\$ 9	916.00	
f. Account Code	g. Form of Payment	h. Purpose Coo	de		i. Date (mm/dd/yyy)	-/	j. Amount		equired Remarks	
I. Account Cour	CREDIT					<u>"                                    </u>	<del>   </del>		OVERT	
ļ	CARD	A		-	10/02/24		\$458.00		JYERI	
<del></del>		•		$\top$	*04504		#450.00	AΓ	OVERT	
	CHECK	A			10/15/24		\$458.00			
4. Payee Inform	· · · · · · · · · · · · · · · · · ·	<u>L</u>		Add			Remove	<u> </u>		
a. Full Name, Maili	ing Address & Phone		Ļ	<u>ь. с</u>	Coordinated Commi	ttee Na	ame	d. Co	omments	
(include city, state,	& zip)									
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					State		Municipality:	e. Ele	ection Sum to Date	
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(include city, state,				_		_	<del>_</del>	Ţ		
DIALLING SEE	RVICES		_							
	Drive, Spokane, WA	A99208								
575-623-3660			1					_		
			F	c. Le	evel Registered (Spe	ecify)		_		
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			L	$\boxtimes$	State		Municipality:	e. Ele	ection Sum to Date	
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f. Account Code	g. Form of Payment	h. Purpose Cod	de	i.	i. Date (mm/dd/yyyy	/)	j. Amount	k. Re	quired Remarks	
	DEBIT								BO CALLS	
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							\$			
Total anly thi	- P						] -	\$	1,163.58	
5. Total only thi	is Page CRO-1310 Pages							<u> </u>	1,163.56	
	line 13a of Detailed Sum	······································	1100	÷r Ωn	atina Evappepe)			:		
	line 13b of Detailed Sum					Dalitic	-1 Cammi	\$	2,844.21	
-	line 13c of Detailed Sum			•						
	es (List detailed exp					E I CO	7639			
7. Purpose Code A* - Media	B* - Printing	Penulture Code C* - F					D - To Anoth	er Canc	didata	
E - Salaries	F* - Equipment				•				c Office Expenses	
I - Postage	J - Penalties				penses				egal Expense Fund	
O* - Other				_ •	,		•		8	

Loan Proceeds  Use this form to report proceeds from a loan and loan A loan proceeds statement must accompany each loan		Amendment of 1 Yes No				
1. Committee Full Name (and Fund if applicable)		2. ID Number				
MORCOMBE4SCHOOLBOARD						
3. Lender Information	Add	Remove				
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments				
(include city, state, & zip)	ENGINEER	CANDIDATE LOAN				
PETER HALEY MORCOMBE						

			Amen	ament	
_1_	of	_1_	$\boxtimes$	Yes	No

Loan Repayments					Pg <u>1</u>	of 1 Xes No		
Use this form to report payme								
1. Committee Full Name (ar						2. ID Number		
MORCOMBE4SCHO	OLBOARD							
3. Lender Information			Add		Remove	·		
a. Full Name, Mailing Address & F	Phone				-	b. Comments		
(include city, state, & zip)								
PETER HALEY MOR 474 THOMPSON RO						c. Original Loan Date		
GRAHAM	AD							
NC 27253						9/19/24		
						d. Original Loan Amount		
						\$ 2,386.21		
e. Remaining Loan Balance	f. Account Code	g. F	orm of Payment	h. D	Date (mm/dd/yyyy)	i. Repayment Amount		
\$ 2,086.21		CI	HECK		9/30/24	\$ 300.00		
\$						\$		
3. Lender Information	<u> </u>		Add	1	Remove			
a. Full Name, Mailing Address & P	a. Full Name, Mailing Address & Phone							
(include city, state, & zip)			_ · · · · · · · · · · · · · · · · · · ·			_		
						a Original Lana Data		
						c. Original Loan Date		
						d. Original Loan Amount		
						\$		
e. Remaining Loan Balance	f. Account Code	g. F	orm of Payment	h. D	ate (mm/dd/yyyy)	i. Repayment Amount		
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\$						\$		
3. Lender Information			Add		Remove			
a. Full Name, Mailing Address & P	hone					b. Comments		
(include city, state, & zip)					· · · · · · · · · · · · · · · · · · ·			
						c. Original Loan Date		
						d. Original Loan Amount		
						\$		
e. Remaining Loan Balance	f. Account Code	g. F	orm of Payment	h. D	ate (mm/dd/yyyy)	i. Repayment Amount		
\$						\$		
\$						\$		
4. Total only this Page						\$ 300.00		

5. Total of ALL CRO-1420 Pages

300.00

Loan	Repa	yments
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				Amen	dment	
Pg	_1_	of	_1_	$\boxtimes$	Yes	No

Use	this form	to re	nort na	vments	on an	existing	loan.
030	uns roim	COIC	Porc pa	ymich	On an	CAISHIE	TOUII.

1. Committee Full Name (a	2. ID Number						
MORCOMBE4SCHOOLBOARD							
3. Lender Information							
a. Full Name, Mailing Address & I	?hone		Add		Remove	b. Comments	
(include city, state, & zip)							
PETER HALEY MOF							
474 THOMPSON RO.		c. Original Loan Date					
GRAHAM NC 27253	9/19/24						
	d. Original Loan Amount						
	\$ 2,386.21						
e. Remaining Loan Balance	Remaining Loan Balance f. Account Code g. For			ent h. Date (mm/dd/yyyy)		i. Repayment Amount	
\$ 2,086.21		CI	HECK	9/30/24		\$ 300.00	
\$						\$	
3. Lender Information			Add		Remove		
a. Full Name, Mailing Address & P	Phone				<del></del>	b. Comments	
(include city, state, & zip)	***********						
	c. Original Loan Date						
						d. Original Loan Amount	
	, , , , , , , , , , , , , , , , , , , ,					\$	
e. Remaining Loan Balance	f. Account Code	g. F	orm of Payment	h. 1	Date (mm/dd/yyyy)	i. Repayment Amount	
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\$		l l		<u> </u>		\$	
3. Lender Information Add R				Remove			
a. Full Name, Mailing Address & P	b. Comments						
(include city, state, & zip)							
	c. Original Loan Date						
	d. Original Loan Amount						
	\$						
e. Remaining Loan Balance	f. Account Code	g. F	orm of Payment	h. I	Date (mm/dd/yyyy)	i. Repayment Amount	
\$	Maria (Alifo					\$	
\$						\$	
4. Total only this Page	\$ 300.00						
5. Total of ALL CRO-1	\$ 300.00						
(This line must be on line 15 of De	φ 300.00 						

Loan Proceeds  Use this form to report proceeds from a loan and loan endorser's information  A loan proceeds statement must accompany each loan that is from an individual	Amendment of <u>1</u> Yes No
1. Committee Full Name (and Fund if applicable)	2. ID Number
MORCOMBEASCHOOL BOARD	

1. Committee Full Na	ame (and Fund if applica		2. ID Number				
MORCOMBE4	SCHOOLBOARD						
3. Lender Information						Remove	
a. Full Name, Mailing Add	lress & Phone	h. Job	Title/Profession	l	,	d. Comments	
(include city, state, & zip			INEER			CANDIDATE LOAN	
			INECK			CANDIDATE LOAN	
PETER HALEY MO							
474 THOMPSON RO	AD	t					
GRAHAM,						e. Start Date (mm/dd/yyyy)	
NC 27514		c. Emp	loyer's Name/S	pecific Field	09/19/24		
		NOT	NOT EMPLOYED			7 09/19/24	
					f. End Date (mm/dd/yyyy)		
		[			10/19/24		
	1.0 1.01.1						
g. Rate	h. Security Pledged	i. Account	Code j.	Form of Pay	ment	k. Amount	
0 %			DEBIT CARD		RD	\$ 2,386.21	
	N/A						
l. Full Name of Lending In	stitution				m. Loan	Number	
NOT APPLICABLE							
					İ		
4. Endorsers/Makers	(The people who gua	rantee the loan }					
	<del></del>		1 mil m f		<del></del>		
a. Full Name, Mailing Add		b. Jo	b Title/Professi	on	c. Empio	yer's Name/Specific Field	
(include city, state, & zip	9)				-		
		ļ			-		
		}					
		d. Pe	d. Percentage			nt	
				%	5   \$		
a. Full Name, Mailing Add		b. Jo	b Title/Professi	០ព	c. Emplo	yer's Name/Specific Field	
(include city, state, & zip	p)						
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a. Full Name, Mailing Add		b. Jo	b. Job Title/Profession			yer's Name/Specific Field	
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					i		
		d. Pe	rcentage		e. Amour	nt .	
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			a. rercentage e. Am				
				%	\$ 2,3	86.21	
5. Total of ALL C				\$	2,386.21		
(This line must be on line	9 of Detailed Summary Page Cl	RO-1100)			ا دی	۵٫۰۰۰۰ ۱	