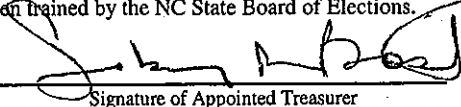


Disclosure Report Cover

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

1. Committee Information					
a. Full Name JOHN R. BOST FOR MAYOR		c. ID Number			
b. Mailing Address (include City, State and Zip Code) 731 MORRIS ROAD WINSTON-SALEM, NC 27101-6418		d. Date Filed 09/27/2013			
		e. Phone Number 336/695-2756			
2. Report Year 2013	3. Period Start Date (mm/dd/yy) 07/19/2013	4. Period End Date (mm/dd/yy) 09/24/2013	5. Treasurer Full Name TOBY DALE BOST		
6. Type of Committee (Check One) ☒ Candidate Campaign ☐ Party ☐ PAC ☐ Referendum ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Municipal ☐ Organizational ☒ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special </td> <td style="width:50%; vertical-align: top;"> State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special </td> </tr> </table>		Municipal ☐ Organizational ☒ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special
Municipal ☐ Organizational ☒ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special				
7. Type of Fund (if applicable, check one) ☐ Booster Fund ☐ Building Fund ☐ Other:		10. Special Report Name			
8. Number of Fundraisers this Report					
11. Account Information		11. Account Information			
a. Financial Institution Full Name BB+T (Clemmons Branch)		a. Financial Institution Full Name BBT - Louisville - Clemmons Rd			
b. Purpose CAMPAIGN FINANCE	c. Account Code 1204	b. Purpose	c. Account Code		
	d. Period Begin Balance \$ 1,772.02		d. Period Begin Balance		
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 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.					
TOBY D. BOST Printed Name of Signer		 Signature of Appointed Treasurer			
		09/26/13 Date			
FOR OFFICE USE ONLY					
Date Received: 9/27/13	Employee: Judy Speas	Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed			
Date Postmarked: _____	Employee: _____				
Date Scanned: _____	Employee: _____				
Date Data Entered: _____	Employee: _____	☐ 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.					

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
JOHN R. BOST FOR MAYOR		third five DAY	
Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,772.02	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 100	\$ 100	
6) Contributions from Individuals (CRO-1210)	\$ 1,200	\$ 1,200	
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)	\$ 96.08	\$ 96.08	
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)	\$ 1,396.08	\$ 1,396.08	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1,176.70	\$ 1,176.70	
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)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,991.40	\$ 1,991.40	
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)	\$	\$	

Page 1 of 1

Amendment
☐ Yes ☒ No

[illegible]

Contributions from Individuals

Pg 1 of 1 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	
JOHN R. BOST FOR MAYOR						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robby Lee 8808 Bellhaven Ct. Lewisville, NC 27023			Owner MCT			
			c. Employer's Name/Specific Field			
			Self-employed MASTER course Technology		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	
☐	1204	CHECK		09/04/2013	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Albert HARBURY 6606 Village Brook TRAIL Clemmons, NC 27012						
			c. Employer's Name/Specific Field			
			Retired - NASA ENGINEER		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	
☐	1204	CHECK		09/04/2013	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BEN R. BOST 1701 GREEN FIELD ST. WINSTON-SALEM, NC 27127						
			c. Employer's Name/Specific Field			
			Retired - Brick Mason (FATHER)		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	
☐	1204	CHECK		09/06/2013	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,200	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Disbursements

Pg 1 of 4 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	
John R BOST For Mayor							
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
NeoMedia 6255 Towncenter Dr. Suite 657A Clemmons, NC 27012							
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☒ Municipality:			
						\$ 375.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1204	CHECK	K	09/09/2013	\$ 375.00	Sign Design/Website Template Consultant		
				\$			
4. Payee Information ☒ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Wooten Graphics 172 Hinkle Lane Welcome, NC 27374							
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☒ Municipality:			
						\$ 296.17	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1204	check CD	K	09/23/2013	\$ 296.17	YARD SIGNS		
				\$			
4. Payee Information ☒ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
McDonald's Restaurant Clemmons - Lewisville Rd Clemmons, NC 27012							
				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☒ Municipality:			
						\$ 3.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1204	check CD	O	09/23/2013	\$ 3.92	Meeting with Vol's		
				\$			
5. Total only this Page						\$	
6. Total of ALL 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 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							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 2 of 4 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	
JR POST For Mayor							
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PANERA BREAD Restaurant Lewisville - Clemmons Rd Clemmons, NC 27012							
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☒ Municipality:		e. Election Sum to Date	
						\$ 10.96	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1204	check card	0	09/17/2013	\$ 10.96	Planning Meetings with Vol's		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Wooten Graphics 172 Hinkle Lane Welcome, NC 27374							
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 556. ¹⁷	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1204	check card	K	09/06/2013	\$ 260. ⁰⁰	SIGNS		
				\$			
4. Payee Information ☒ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
BB&T Bank Clemmons - Lewisville Rd Clemmons, NC 27012							
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☒ Municipality:		e. Election Sum to Date	
						\$ 5. ⁰⁰	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1204	ck card	K	08/29/2013	\$ 5. ⁰⁰	Banking Fee		
				\$			
5. Total only this Page						\$	
6. Total of ALL 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 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							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 3 of 4 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	
J.R. BOST FOR MAYOR							
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
3609 Clemmons Kitchen 3609 Clemmons Road/Hwy 158 Clemmons, NC 27012				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☒ Municipality:		\$ 17.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1204	CK CARD	0	08/23/2013	\$ 17.50	Planning Meeting		
				\$			
4. Payee Information ☒ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Pete's Family Restaurant 2661 Clemmons-Lewisville RD CLEMMONS, NC 27012				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☒ Municipality:		\$ 14.23	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1204	CK CARD	0	08/15/2013	\$ 14.23			
				\$			
4. Payee Information ☒ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
GO DADDY.COM ARIZONA ONLINE LLC Service (480) 505-8877				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☒ Municipality:		\$ 53.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1204	CK CARD	C	08/12/2013	\$ 53.88	Website Domain		
				\$			
5. Total only this Page						\$	
6. Total of ALL 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 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							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 4 of 4 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
BOST FOR MAYOR						
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Pete's Family Restaurant 3609 Lewisville Clemmons Rd Clemmons, NC 27012						
				c. Level Registered (Specify)		e. Election Sum to Date
				☐ Federal ☐ County: ☐ State ☒ Municipality:		
						\$ 29.24
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1204	CK CARA	0	08/02/2013	\$ 15.01	Planning Mtg	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Rally.com website management						
				c. Level Registered (Specify)		e. Election Sum to Date
				☐ Federal ☐ County: ☐ State ☐ Municipality:		
						\$ 70.70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1204	CK CARA	C	09/24/2013	\$ 70.70	FEE FOR ONLINE	
				\$	donation SUE	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
JOHN R. BOST 6600 Village Brook Trail Clemmons, NC 27012						
				c. Level Registered (Specify)		e. Election Sum to Date
				☐ Federal ☐ County: ☐ State ☐ Municipality:		
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1204	CHECK	0	08/08/2013	\$ 54.33	REIMBERSE FOR	
				\$	MULS @ Planning Mtgs	
5. Total only this Page						\$
6. Total of ALL 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 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						
* Codes require detailed explanation in required remarks field (k)						

Refunds/Reimbursements To the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
JR. BOST FOR MAYOR					
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
Wooten Graphics 172 Hinkle Lane Welcome, NC 27374		☐ Candidate ☐ PAC			
		☐ Referendum ☐ Party			
		e. Level Registered (Specify)		h. Original Expenditure Date	
		☐ Federal ☐ County:			
		☐ State ☒ Municipality:			
				i. Original Expenditure Amt	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date	
owner	Wooten Graphics	K		\$ 96.08	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
1204	check card		09/23/2013	\$ 96.08	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
		☐ Candidate ☐ PAC			
		☐ Referendum ☐ Party			
		e. Level Registered (Specify)		h. Original Expenditure Date	
		☐ Federal ☐ County:			
		☐ State ☐ Municipality:			
				i. Original Expenditure Amt	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
		☐ Candidate ☐ PAC			
		☐ Referendum ☐ Party			
		e. Level Registered (Specify)		h. Original Expenditure Date	
		☐ Federal ☐ County:			
		☐ State ☐ Municipality:			
				i. Original Expenditure Amt	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
				\$	
4. Total only this Page				\$	
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$	