

Disclosure Report Cover

Amendment
 Yes 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 BARB FICKLIN FOR COUNCIL		c. ID Number		
b. Mailing Address (include City, State and Zip Code) 55 RED FOX RUN PINEHURST, NC 28374		d. Date Filed 12/30/2023		
		e. Phone Number		
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2023	10/24/2023	12/31/2023	JEFFREY T. HEINTZ	
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		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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special	State/County <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	Referendum <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
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<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:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name FIRSTBANK		a. Financial Institution Full Name		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN EXPENSES	11272010	d. Period Begin Balance	\$ 6,528.71	
				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				
<u>Jeffrey T. Heintz</u> Printed Name of Signer		<u>Jeff T. Heintz</u> Signature of Appointed Treasurer		12/31/2023 Date
FOR OFFICE USE ONLY				
Date Received:	1/2/24	Employee:	711	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		<input type="checkbox"/> Signer has not received mandatory training
Date Data Entered:		Employee:		
RECEIVED MOORE ROE				
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
BARB FICKLIN FOR COUNCIL	2023 Final	
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start	\$ 2,356.71	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 315.00
6) Contributions from Individuals (CRO-1210)	\$ 2,100.74	\$ 11,593.80
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)	\$ 4,172.00	\$ 4,172.00
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)	\$ 6,272.74	\$ 16,080.80
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 7,413.71	\$ 13,058.46
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 390.00	\$ 390.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0.00	\$ 38.54
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)	\$ 825.74	\$ 2,593.80
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 8,629.45	\$ 16,080.80
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0.00	\$ 0.00
ADDITIONAL INFORMATION		
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

Contributions from Individuals

Pg 1 of 5

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	
BARB FICKLIN FOR COUNCIL					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBERT BOWNESS 15 JAMES RIVER PLACE PINEHURST, NC 28374			b. Job Title/Profession	d. Comments	
			RETIRED		
			c. Employer's Name/Specific Field		
			HOME BUILDER		
e. Election Sum to Date \$ 250.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	11272010	Check		10/31/2023	\$ 250.00
<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) MIKE CANNON 10 MCMICHAEL DR. PINEHURST, NC 28374			b. Job Title/Profession	d. Comments	
			TELECOM MANAGER		
			c. Employer's Name/Specific Field		
			NOKIA, INC.		
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"/>	11272010	Check		10/26/2023	\$ 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) JOSEPH CARTER JR 3114 7 LKS W WEST END, NC 27376			b. Job Title/Profession	d. Comments	
			COLLEGE PROFESSOR		
			c. Employer's Name/Specific Field		
			MCDANIEL COLLEGE		
e. Election Sum to Date \$ 250.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	11272010	Check		10/24/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 600.00					
5. Total of ALL CRO-1210 Pages \$ 2,100.74 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 2 of 5

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		
BARB FICKLIN FOR COUNCIL				
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	
CAROL COATES 21 EDINBURGH LN PINEHURST, NC 28374		RETIRED	e. Election Sum to Date \$ 374.86	
		c. Employer's Name/Specific Field		
		UNISHIPPERS, PROVIDENCE RI		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	
<input type="checkbox"/>	11272010	In-Kind	MEET AND GREET	
<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	
LINDA COX 65 TOWHEE RUN PINEHURST, NC 28374		RETIRED	e. Election Sum to Date \$ 25.00	
		c. Employer's Name/Specific Field		
		CONTRACT INVESTIGATOR		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	
<input type="checkbox"/>	11272010	Check		
<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	
TOM CRUCE 77 GLASGOW DR. PINEHURST, NC 28374		RETIRED	e. Election Sum to Date \$ 221.00	
		c. Employer's Name/Specific Field		
		MEADWESTVACO		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	
<input type="checkbox"/>	11272010	In-Kind	MEET AND GREET	
<input type="checkbox"/>				
<input type="checkbox"/>				
4. Total only this Page				\$ 393.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 2,100.74

Contributions from Individuals

Pg 3 of 5

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	
BARB FICKLIN FOR COUNCIL			
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 RETIRED	d. Comments
JUDY DAVIS 27 SHORT RD. PINEHURST, NC 28374		c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED	e. Election Sum to Date \$ 124.14
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	11272010	In-Kind	MEET & GREET
<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 U.S. DEPARTMENT OF JUSTICE	d. Comments
CATHERINE ELSEA 265 QUAIL RUN PINEHURST, NC 28374		c. Employer's Name/Specific Field U.S. DEPARTMENT OF JUSTICE	e. Election Sum to Date \$ 520.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	11272010	In-Kind	MEET & GREET
<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 RETIRED	d. Comments
FRANCIS GLAUNER 550 LAKE FOREST DR. SE PINEHURST, NC 28374		c. Employer's Name/Specific Field CORNING CORP	e. Election Sum to Date \$ 305.60
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	11272010	In-Kind	MEET & GREET
<input type="checkbox"/>			
<input type="checkbox"/>			
4. Total only this Page \$ 399.74			
5. Total of ALL CRO-1210 Pages (\$This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 2,100.74			

Contributions from Individuals

Pg 4 of 5

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																																														
BARB FICKLIN FOR COUNCIL																																																
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">MALLORY HICKEY 40 CULDEE ROAD PINEHURST, NC 28374</td> <td>MANAGER</td> <td colspan="4" rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>AMERICAN AIRLINES</td> </tr> <tr> <td>e. Election Sum to Date</td> <td>\$ 25.00</td> <td colspan="3"></td> </tr> <tr> <td>f. Prior</td> <td>g. Account Code</td> <td>h. Form of Payment</td> <td>i. In-Kind Description</td> <td>j. Date (mm/dd/yyyy)</td> <td>k. Amount</td> </tr> <tr> <td><input type="checkbox"/></td> <td>11272010</td> <td>Check</td> <td></td> <td>10/24/2023</td> <td>\$ 25.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				MALLORY HICKEY 40 CULDEE ROAD PINEHURST, NC 28374	MANAGER					c. Employer's Name/Specific Field	AMERICAN AIRLINES	e. Election Sum to Date	\$ 25.00				f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<input type="checkbox"/>	11272010	Check		10/24/2023	\$ 25.00	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																																														
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<input type="checkbox"/>	11272010	Check		10/24/2023	\$ 25.00																																											
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a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																																														
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	c. Employer's Name/Specific Field																																															
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">SUSAN MCNEIL 1007 SANDPIT RD ABERDEEN, NC 28315</td> <td>RETIRED</td> <td colspan="4" rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>NOT CURRENTLY EMPLOYED</td> </tr> <tr> <td>e. Election Sum to Date</td> <td>\$ 500.00</td> <td colspan="3"></td> </tr> <tr> <td>f. Prior</td> <td>g. Account Code</td> <td>h. Form of Payment</td> <td>i. In-Kind Description</td> <td>j. Date (mm/dd/yyyy)</td> <td>k. Amount</td> </tr> <tr> <td><input type="checkbox"/></td> <td>11272010</td> <td>Check</td> <td></td> <td>10/24/2023</td> <td>\$ 500.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				SUSAN MCNEIL 1007 SANDPIT RD ABERDEEN, NC 28315	RETIRED					c. Employer's Name/Specific Field	NOT CURRENTLY EMPLOYED	e. Election Sum to Date	\$ 500.00				f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<input type="checkbox"/>	11272010	Check		10/24/2023	\$ 500.00	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																																														
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																											
<input type="checkbox"/>	11272010	Check		10/24/2023	\$ 500.00																																											
<input type="checkbox"/>					\$																																											
<input type="checkbox"/>					\$																																											
4. Total only this Page \$ 583.00																																																
5. Total of ALL CRO-1210 Pages \$ 2,100.74 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>																																																

Contributions from Individuals

Pg 5 of 5 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) BARB FICKLIN FOR COUNCIL		2. ID Number			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN TAYLOR 185 CHEROKEE RD PINEHURST, NC 28374		b. Job Title/Profession RETIRED FINANCIAL SERVICES c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED			
d. Comments					
e. Election Sum to Date \$ 125.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	11272010	Check		10/24/2023	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page			\$ 125.00		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>			\$ 2,100.74		

CRO-1210

NC State Board of Elections

April 2007

Other Receipt Sources

Pg 1 of 1

Amendment
 Yes No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
BARB FICKLIN FOR COUNCIL			
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>			
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income			
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) BARB FICKLIN FOR COUNCIL 55 RED FOX RUN PINEHURST, NC 28374		b. Not-for-Profit Federal ID # c. Outside Source Explanation ADJUSTING ENTRY TO CORRECT CASH ON HAND AT START OF REPORTING PERIOD.	d. Comments e. Election Sum to Date \$ 4,172.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)
11272010	Electric Funds Tran		10/24/2023
			\$ 4,172.00
5. Total only this Page			\$ 4,172.00
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>			\$ 4,172.00

CRO-1250

NC State Board of Elections

December 2007

Disbursements

Pg 1 of 1 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) BARB FICKLIN FOR COUNCIL		2. ID Number											
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures													
4. Payee Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 30%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT CARA MATHIS TO PINEHURST COUNCIL 80 MCCASKILL RD PINEHURST, NC 28374 </td> <td style="width: 30%;">b. Coordinated Committee Name</td> <td style="width: 30%;">d. Comments</td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: </td> <td style="text-align: center;">e. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;">Pinehurst</td> <td style="text-align: right; padding-right: 10px;">\$ 390.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT CARA MATHIS TO PINEHURST COUNCIL 80 MCCASKILL RD PINEHURST, NC 28374	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify)		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date	Pinehurst		\$ 390.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT CARA MATHIS TO PINEHURST COUNCIL 80 MCCASKILL RD PINEHURST, NC 28374	b. Coordinated Committee Name	d. Comments											
	c. Level Registered (Specify)												
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date											
Pinehurst		\$ 390.00											
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks								
11272010	Check	D	10/30/2023	\$ 390.00									
				\$									
5. Total only this Page				\$ 390.00									
6. Total of ALL CRO-1310 Pages <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>				\$ 390.00									
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 1 of 3

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			
BARB FICKLIN FOR COUNCIL					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms 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					
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	
CAROL COATES 21 EDINBURGH HANE PINEHURST, NC 28374		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
				\$ 79.28	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
11272010	Check	F	11/18/2023	\$ 79.28	REPLACE RUINED UMBRELLA
				\$	
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	
BILL FICKLIN 55 RED FOX RUN PINEHURST, NC 28374		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
				\$ 818.96	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
11272010	Check	A	11/08/2023	\$ 619.30	FACEBOOK ADS
11272010	Check	A	11/09/2023	\$ 199.66	GOOGLE AND WIX
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	
BRUCE GEDDES 232 BOWMAN RD PINEHURST, NC 28374		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
				\$ 636.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
11272010	Check	A	11/08/2023	\$ 636.80	FACEBOOK ADS
				\$	
5. Total only this Page \$ 1,535.04					
6. Total of ALL CRO-1310 Pages					
<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> \$ 7,413.71					
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 3 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) BARB FICKLIN FOR COUNCIL		2. ID Number												
3. Type of Disbursement <i>(Please use separate CRO-1310 forms 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														
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 30%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) KAUFMAN 26 PINEHURST PLAZA SOUTHERN PINES, NC 28387 </td> <td style="width: 30%; vertical-align: top;"> b. Coordinated Committee Name </td> <td style="width: 30%; vertical-align: top;"> d. Comments </td> </tr> <tr> <td colspan="2" style="border-top: none;"> c. Level Registered (Specify) <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Federal</td> <td style="width: 50%;"><input type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> </tr> </table> </td> </tr> <tr> <td></td> <td colspan="2" style="text-align: right;"> e. Election Sum to Date \$ 1,025.00 </td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip) KAUFMAN 26 PINEHURST PLAZA SOUTHERN PINES, NC 28387	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify) <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Federal</td> <td style="width: 50%;"><input type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> </tr> </table>		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1,025.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip) KAUFMAN 26 PINEHURST PLAZA SOUTHERN PINES, NC 28387	b. Coordinated Committee Name	d. Comments												
	c. Level Registered (Specify) <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Federal</td> <td style="width: 50%;"><input type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> </tr> </table>		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:								
<input type="checkbox"/> Federal	<input type="checkbox"/> County:													
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:													
	e. Election Sum to Date \$ 1,025.00													
f. Account Code 11272010	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 11/08/2023	j. Amount \$ 250.00	k. Required Remarks VIDEO PRODUCTION									
				\$										
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove														
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM KEITH 1095 LONGLEAF DR. PINEHURST, NC 28374	b. Coordinated Committee Name		d. Comments											
	c. Level Registered (Specify) <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Federal</td> <td style="width: 50%;"><input type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> </tr> </table>		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 350.96							
<input type="checkbox"/> Federal	<input type="checkbox"/> County:													
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:													
f. Account Code 11272010	g. Form of Payment Check	h. Purpose Code B	i. Date (mm/dd/yyyy) 10/29/2023	j. Amount \$ 350.96	k. Required Remarks MAGNETIC SIGNS									
				\$										
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove														
a. Full Name, Mailing Address & Phone (include city, state, & zip) MOORE COUNTY HUMANE SOCIETY 5355 NC HIGHWAY 22 CARTHAGE, NC 28327	b. Coordinated Committee Name		d. Comments											
	c. Level Registered (Specify) <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Federal</td> <td style="width: 50%;"><input type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> </tr> </table>		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 1,928.31							
<input type="checkbox"/> Federal	<input type="checkbox"/> County:													
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:													
f. Account Code 11272010	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 12/29/2023	j. Amount \$ 1,928.31	k. Required Remarks DONATION OF CAMPAIGN FUND									
				\$										
5. Total only this Page					\$ 2,529.27									
6. Total of ALL CRO-1310 Pages <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>					\$ 7,413.71									
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 3

Amendment

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) BARB FICKLIN FOR COUNCIL						2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms 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						
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	
SPECTRUM REACH 6501 WESTON PARKWAY STE 100 CARY, NC 27513			c. Level Registered (Specify)		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
					\$	2,009.40
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
11272010	Electric Funds Tran	A	10/25/2023	\$ 2,009.40	TV ADVERTISING	
				\$		
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	
THE PILOT PO BOX 58 SOUTHERN PINES, NC 28388			c. Level Registered (Specify)		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
					\$	2,010.00
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
11272010	Check	A	10/24/2023	\$ 280.00	ADVERTISING	
11272010	Check	A	10/31/2023	\$ 780.00	ADVERTISING	
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	
THE PILOT PO BOX 58 SOUTHERN PINES, NC 28388			c. Level Registered (Specify)		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
					\$	2,010.00
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
11272010	Check	A	11/13/2023	\$ 280.00	ADVERTISING	
				\$		
5. Total only this Page						\$ 3,349.40
6. Total of ALL CRO-1310 Pages						\$ 7,413.71
<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>						
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)						

In-Kind Contributions

Pg 1 of 2

Yes 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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
BARB FICKLIN FOR COUNCIL			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <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	c. Comments
CAROL COATES 21 EDINBURGH LN PINEHURST, NC 28374			d. Election Sum to Date \$ 374.86
e. Description MEET AND GREET		f. Date (mm/dd/yyyy) 10/29/2023	g. Fair Market Amount \$ 147.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <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	c. Comments
TOM CRUCE 77 GLASGOW DR. PINEHURST, NC 28374			d. Election Sum to Date \$ 221.00
e. Description MEET AND GREET		f. Date (mm/dd/yyyy) 10/29/2023	g. Fair Market Amount \$ 221.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <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	c. Comments
JUDY DAVIS 27 SHORT RD. PINEHURST, NC 28374			d. Election Sum to Date \$ 124.14
e. Description MEET & GREET		f. Date (mm/dd/yyyy) 10/24/2023	g. Fair Market Amount \$ 124.14
			\$
			\$
4. Total only this Page \$ 492.14			
5. Total of ALL CRO-1510 Pages \$ 825.74 <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			

In-Kind ContributionsPg 2 of 2
 Amendment
 Yes 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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
BARB FICKLIN FOR COUNCIL			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <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	c. Comments d. Election Sum to Date \$ 520.00
CATHERINE ELSEA 265 QUAIL RUN PINEHURST, NC 28374			
e. Description MEET & GREET		f. Date (mm/dd/yyyy) 11/03/2023	g. Fair Market Amount \$ 220.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <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	c. Comments d. Election Sum to Date \$ 305.60
FRANCIS GLAUNER 550 LAKE FOREST DR. SE PINEHURST, NC 28374			
e. Description MEET & GREET		f. Date (mm/dd/yyyy) 11/03/2023	g. Fair Market Amount \$ 55.60
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <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	c. Comments d. Election Sum to Date \$ 58.00
BILL LEWIS 55 LAKE POINT DR. PINEHURST, NC 28374			
e. Description MEET AND GREET		f. Date (mm/dd/yyyy) 10/25/2023	g. Fair Market Amount \$ 58.00
			\$
			\$
4. Total only this Page \$ 333.60			
5. Total of ALL CRO-1510 Pages \$ 825.74 <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			