

FEB 07 2003

OCT 29 2002

Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund				6. Date	
DANNY LONG FOR SHERIFF				10/28/02	
2. Address				7. ID Number	
PO Box 1580					
3. City		4. State	5. Zip	8. Phone	
Burgaw		NC	28457	259-3729	
9. Type of Report				10. Period Covered	
Third Quarter				Start 7/01/02 End 9/10/02	
12. Type of Committee or Fund (Check one)				11. Amendment	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Soft Money Account <input type="checkbox"/> Building Fund <input type="checkbox"/> Other Fund: _____				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Treasurer Name					
Susan Heath Rivenbark					
14. Assistant Treasurer Name(s)					
DANNY LONG					
15. Custodian of Books Name					
DANNY LONG					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
FNB Southeast	Sheriff Campaign	DL	\$ 402.74		
			\$		
			\$		
			\$		
			\$		
			\$		

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.



 Signature of Appointed Treasurer or Candidate

10/28/02

 Date

Corrected 2/7/03
 Danny Long

FEB 07 2003

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
DANNY LONG FOR SHERIFF		3rd Quarter			
Start of Election Cycle: January 1, 20__		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$		
5) Cash on Hand at Start of Present Reporting Period		\$ 402.74			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 755.88	\$ 9357.88		
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 Committee	(CRO-1240)	\$ 650.00	\$ 1750.00		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$ 1725.16		
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 1405.88	\$ 12833.04		
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 1808.62	\$ 10,351.04		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 1750.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Loan Repayments	(CRO-1420)	\$	\$		
15) Refunds from Committee	(CRO-1320)	\$	\$		
16) In-Kind Contributions	(CRO-1510)	\$	\$ 732.00		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 1808.62	\$ 12833.04		
18) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)		\$ 0	\$ 0		
Additional Information					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$ 0			
23) Parent Entity's Administrative Support	(CRO-1710)	\$			

Detailed Summary

FEB 07 2003

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
DANNY LONG FOR SHERIFF		3rd. Quarter			
Start of Election Cycle: January 1, 20__		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$		
5) Cash on Hand at Start of Present Reporting Period		\$ 402.74			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 400.00	\$ 9002.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
10) Refunds & Reimbursements to Committee	(CRO-1240)	\$ 650.00	\$ 1750.00		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$ 1725.16		
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 1050.00	\$ 12477.16		
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 1808.62	\$ 10,351.14		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 1750.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Loan Repayments	(CRO-1420)	\$	\$		
15) Refunds from Committee	(CRO-1320)	\$	\$		
16) In-Kind Contributions	(CRO-1510)	\$	\$ 732.00		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 1808.62	\$ 12,843.14		
18) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)		\$ -355.88	\$ -355.88		
Additional Information					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$			
23) Parent Entity's Administrative Support	(CRO-1710)	\$			

Contributions from INDIVIDUALS

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1. Name of Committee or Fund				2. ID Number					
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
	Bob C.			DL	CK	7/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$ 100.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
	James F. B.			DL	CK	7/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$ 100.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
	DANNY LONG 110 FOXWOOD DR ROCKY POINT, NC 28457			DL	CK	9/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$ 420.16			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
	Myrtle Long 270 FOXWOOD DR. ROCKY POINT, NC 28457			DL	CK	09/01/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 355.88
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$ 455.88			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
							<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$			
4. Total only this Page									755.88
5. Total of ALL CRO-1210 Pages (only show on last page)									755.88
(This line must be on line 6 of Detailed Summary Page CRO-1100)									400.00

Disbursements

1. Name of Committee or Fund					2. ID Number		
DANNY LONG FOR SHERIFF							
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
✓ Operating Expenses		Contributions to Candidates/Political Committees		Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Trading Post Hwy 117 Rocky Point, NC 28457		Fuel	DL	CK	7/27/02	\$ 38.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add Delete		
				j. Election Cycle Sum To Date			\$ 38.00
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Accent Photo Oleaner Dr. Wilmington, NC 28401		photo for Newspaper	DL	CK	7/29/02	\$ 102.08
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add Delete		
				j. Election Cycle Sum To Date			\$ 102.08
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Pender Post PO Box 955 Burgaw, N.C. 28425		ad	DL	CK	08/05/02	\$ 60.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add Delete		
				j. Election Cycle Sum To Date			\$ 60.00
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Topsail Voice Hwy 17 N Hampstead, N.C.		ad	DL	CK	8/9/02	\$ 200.40
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add Delete		
				j. Election Cycle Sum To Date			\$ 200.40
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Trading Post		Fuel	DL	CK	8/9/02	\$ 21.80
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add Delete		
				j. Election Cycle Sum To Date			\$ 59.80
5. Total only this Page							\$ 422.28
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$
(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)							\$

Disbursements

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1. Name of Committee or Fund				2. ID Number			
DANNY LONG FOR SHERIFF							
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Pender Post PO Box 955 Burgaw, N.C. 28425		ad	DL	CK	8/12/02	\$ 105.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$ 165.00
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Pender Chronicle 108 Courthouse Ave Burgaw, N.C. 28425		ad	DL	CK		\$ 110.25
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$ 110.25
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	TOPSAIL Voice Hwy 17 N Hamstead, NC		ad	DL	CK	8/19/02	\$ 200.40
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$ 400.80
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Bell South PO Box 1262 Charlotte, N.C. 28201		Campaign phone	DL	CK	8/27/02	\$ 58.89
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$ 200.46
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Pender Chronicle 108 Courthouse Ave Burgaw, N.C. 28425		ad	DL	CK	9/2/02	\$ 94.50
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$ 204.75
5. Total only this Page							\$ 569.04
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$
(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)							

Disbursements

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1. Name of Committee or Fund DANNY LONG FOR SHERIFF						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Pender Post PO Box 955 Burgaw, N.C.		ad	DL	CK	9-2-02	\$ 94.50
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$ 259.50
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Topsail Voice Hwy 17 N Hampstead, N.C.		ad	DL	CK	9-2-02	\$ 140.28
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$ 541.08
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Postmaster Burgaw, NC 28425		mail/stamps	DL	CK	9-7-02	\$ 370.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$ 370.00
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Alphagraphics		PD11 cards	DL	CK	9-9-02	\$ 212.52
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$ 813.46
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$
5. Total only this Page						\$ 817.30	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 1808.62	
(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)							

Refunds & Reimbursements TO Committee

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1. Name of Committee or Fund		2. ID Number		
DANNY LONG FOR SHERIFF				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession Employer's Name/Specific Field	e. Original Disbursement Date (mm/dd/yyyy) f. Date (mm/dd/yyyy)	
	DANNY LONG 110 FOXWOOD DR ROCKY POINT, NC 28457	Manager Choice Hotels	12/26/01 09/03/02	
	c. If refund from County Committee, specify county:	g. Purpose	h. Account Number/Code	
		Repay loan	DL	
	d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	i. Form of Payment	j. Amount	
		CK	\$ 150	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession Employer's Name/Specific Field	e. Original Disbursement Date (mm/dd/yyyy) f. Date (mm/dd/yyyy)	
	DANNY LONG 110 FOXWOOD DR ROCKY POINT, N.C. 28457	NIGHT MANAGER Choice Hotels	05/22/2002 09/03/2002	
	c. If refund from County Committee, specify county:	g. Purpose	h. Account Number/Code	
		Repay loan	DL	
	d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	i. Form of Payment	j. Amount	
		CK	\$ 250	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession Employer's Name/Specific Field	e. Original Disbursement Date (mm/dd/yyyy) f. Date (mm/dd/yyyy)	
	DANNY LONG 110 FOXWOOD DR ROCKY POINT, NC 28457	NIGHT MAR. Choice Hotels	05/22/2002 09/03/02	
	c. If refund from County Committee, specify county:	g. Purpose	h. Account Number/Code	
		Repay LOAN	DL	
	d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	i. Form of Payment	j. Amount	
		CK	\$ 250.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession Employer's Name/Specific Field	e. Original Disbursement Date (mm/dd/yyyy) f. Date (mm/dd/yyyy)	
	c. If refund from County Committee, specify county:	g. Purpose	h. Account Number/Code	
	d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	i. Form of Payment	j. Amount	
			\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession Employer's Name/Specific Field	e. Original Disbursement Date (mm/dd/yyyy) f. Date (mm/dd/yyyy)	
	c. If refund from County Committee, specify county:	g. Purpose	h. Account Number/Code	
	d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	i. Form of Payment	j. Amount	
			\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession Employer's Name/Specific Field	e. Original Disbursement Date (mm/dd/yyyy) f. Date (mm/dd/yyyy)	
	c. If refund from County Committee, specify county:	g. Purpose	h. Account Number/Code	
	d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	i. Form of Payment	j. Amount	
			\$	
4. Total only this Page			\$	
5. Total of ALL CRO-1240 Pages (only show on last page)			\$	
(This line must be on line 10 of Detailed Summary Page CRO-1100)				