

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

1. Committee Information		c. ID Number
a. Full Name SIMEON FOR TOWN COUNCIL		WH 4599
b. Mailing Address (include City, State and Zip Code) 49 PADDOCK LANE SOUTHERN PINE, N.C.		d. Date Filed
		e. Phone Number

2. Report Year 2011	3. Period Start Date (mm/dd/yy) 10/25/2011	4. Period End Date (mm/dd/yy) 12/31/2011	5. Treasurer Full Name JAMES P. CURLEE
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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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report ONE		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name FIRST BANK OF VIRGINIA		a. Financial Institution Full Name	
b. Purpose AN CAMPAIGN EXPENSE	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 3124.30		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.

JAMES P. CURLEE Printed Name of Signer
 Signature of Appointed Treasurer
 Date: **1/27/2012**

FOR OFFICE USE ONLY		Delivery Method	
Date Received: 1/27/12	Employee: [Signature]	<input type="checkbox"/> Normal Mail	<input checked="" type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____		
Date Scanned: _____	Employee: _____		
Date Data Entered: _____	Employee: _____		

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

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	
SIMEON FOR TOWN COUNCIL		YEAR ENDING		W64599	
Start of Election Cycle: January 1;		2011		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3124.30		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 677.99		
6) Contributions from Individuals	(CRO-1210)	\$ 950.00	\$ 6983.13		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$ 1000.00	\$ 1000.00		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$		
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)		\$ 1950.00	\$ 8661.12		
DISBURSEMENTS					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 3894.74	\$ 4848.43		
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)	\$ 496.13	\$ 3129.26		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4390.87	\$		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 683.43	\$ 683.43		
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-2200)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

Contributions from Individuals

Pg 2 of 2 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	
SIMON FOR TOWN COUNCIL					WH4599	
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	
PEGGY BELL PINE NEEDLE RESORT SOUTHERN PINES, N.C. 28387			RETIRED.			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			GOLF RESORT		\$ 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"/>	1	CHECK		11/25/2011	\$ 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)			b. Job Title/Profession		d. Comments	
KELLY R. MILLER 301 GROVE RD SOUTHERN PINES, N.C. 28387			CEO, PINE NEEDLE SOUTHERN PINES, N.C.			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			GOLF RESORT		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		11/1/2011	\$ 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)			b. Job Title/Profession		d. Comments	
DON BLAKEMAN 106 STEADLECHASE WAY SOUTHERN PINES, N.C. 28387			CPA, RETIRED.			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			LAW DEVELOPMENT		\$ 400 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		10/28/2011	\$ 200 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700 ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

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	
SMEON FOLZ TOWN COUNCIL					WH 4599	
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 S. LESLIE 1114 HAMMELL ST. GREENSBORO, N.C.			RETIRED			
			c. Employer's Name/Specific Field			
			RETAIL			
					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"/>	1	CHECK		10/21/2011	\$ 100 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kay Curlee 118 STEEPLECHASE WAY SOUTHERN PINES, N.C. 28387			STORE OWNER			
			c. Employer's Name/Specific Field			
			RETAIL			
					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"/>	1	CHECK		10/31/2011	\$ 100 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRANK QUILS 240 N. BETHESDA RD SOUTHERN PINES, N.C.			RETIRED			
			c. Employer's Name/Specific Field			
			EX-MAYOR SOUTHERN PINES, N.C.			
					e. Election Sum to Date	
					\$ 50 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK	\$ 50 ⁰⁰	10/28/2011	\$ 50 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 250	
					\$ 200	
4. Total only this Page					\$ 900 ⁰⁰	
5. Total of ALL CRO-1210 Pages					\$ 950 ⁰⁰	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
SIMEON FOR TOWN COUNCIL				WH4599	
3. Lender 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	
EMILIE SIMEON 49 PADDOCK LANE SOUTHERN PINES, N.C.		RETIRED.		WIFE OF CANDIDATE.	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		H.C. EDUCATION SYSTEM.		11/3/2011	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %		I	CHECK	\$ 1,000.00	
l. Full Name of Lending Institution				m. Loan Number	
PERSONAL LOAN					
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Disbursements

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) <u>SIMEON FOR TOWN COUNCIL</u>	2. ID Number <u>WH 4599</u>
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3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>		
<input 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 <i>(include city, state, & zip)</i> <u>THE PILOT</u> <u>45 W. PENNSYLVANIA</u> <u>SOUTHERN PINES, NC.</u>	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 \$ <u>2541.20 2640.60</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>CHECK</u>	<u>b</u>	<u>10/28/2011</u>	<u>\$ 616.40</u>	<u>Ad.</u>
<u>1</u>	<u>CHECK</u>	<u>b</u>	<u>10/3/2011</u>	<u>\$ 683.00</u>	<u>Ad.</u>

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>THE PILOT</u> <u>45 W. PENNSYLVANIA</u> <u>SOUTHERN PINES, N.C.</u>	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 \$ <u>2640.60 4139.73</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>CHECK</u>	<u>b</u>	<u>11/6/2011</u>	<u>\$ 1003.00</u>	
<u>* 1</u>	<u>PER. CHECK</u>	<u>b</u>	<u>10/30/2011</u>	<u>\$ 496.13</u>	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>STAPLES</u> <u>290 TURNER ST.</u> <u>SOUTHERN PINES, N.C.</u>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ <u>3114.71</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>CHECK</u>	<u>I</u>	<u>10/25/2011</u>	<u>\$ 1,062.47</u>	<u>MAILERS</u>
<u>1</u>	<u>CHECK</u>	<u>I/B</u>	<u>11/1/2011</u>	<u>\$ 315.97</u>	

5. Total only this Page	
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. Purpose Codes (List detailed expenditure code in (h.) above)		
A* - Media	B* - Printing	C* - Fundraising
E - Salaries	F* - Equipment	G - Political Party
I - Postage	J - Penalties	K* - Office Expenses
O* - Other		D - To Another Candidate
		H* - Holding Public Office Expenses
		Q* - Donation to Legal Expense Fund

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

Disbursements

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) SIMEN FOR TOWN COUNCIL						2. ID Number WH 4599
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) RHETS 127 W. PENNSYLVANIA SOUTHERN PINES N.C.				b. Coordinated Committee Name		d. Comments FUND RAISER.
				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 \$ 213.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	C. CREDIT CARD	G	11/18/2011	\$ 213.50	POL. PARTY	
				\$		
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
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
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
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						\$ 213.50
6. Total of ALL CRO-1310 Pages						\$ 3894.74
(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)						

In-Kind Contributions

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	
SIMEEN FOR TOWN COUNCIL		WH 4599	
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	c. Comments
EMILIE SIMEEN 49 PADDOCK LANE SOUTHERN PINES, N.C		<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	
			d. Election Sum to Date
			\$ 3129.26
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Ad in The Pilot		10/30/2011	\$ 496.13
PAID BY PER. CHECK.			\$
			\$
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	c. Comments
		<input 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	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
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	c. Comments
		<input 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	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
			\$
4. Total only this Page			\$
5. Total of ALL CRO-1510 Pages			\$
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			