| | Amen | dment | |
|--|-------------|------------|----|
| Disclosure Report Cover | \boxtimes | Yes | No |
| Too this form for consend as not and committee information, must be signed and and archaeted also with | -471 | -4-:1- J C | |

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 undate information

| | to update information | | | | | |
|--|--------------------------------|--|--------------------|--------------------|--|--|
| 1. Committee Infor | mation | | | | | |
| a. Full Name | | | | | c. ID Number | |
| Committee to Elect | John Stiver | | | | RDU317 | |
| b. Mailing Address (inc | lude City, State and Zip Code) | | | | d. Date Filed | |
| 502 South College A | | | | | 9/30/19 | |
| Newton, NC 28038 | • | | | | e. Phone Number | |
| | | | | | 828-612-0989 | |
| 2. Report Year | 3. Period Start Date (mm) | (da/VV) | End Date | 5. Treasurer Fe | ull Name | |
| 2017 | 7/7/17 | (mm/dd/yy) | 26/17 | John Stiver | | |
| | | | | | | |
| 6. Type of Commit | | 9. Type of Repor | | | ort from one category) | |
| Candidate Campa | | Municipal | State/C | | Referendum | |
| PAC PAC | Referendum | Organizationa | 1 [] | Organizational | U Organizational | |
| Independent Expenditure Legal Expense F | Joint Fundraiser | Thirty-five da | у | Quarterly | Pre-referendum | |
| 7. Type of Fund | (if applicable, check one) | Pre-primary | | First | Final | |
| "Booster Fund" | (i) applicable, check the) | Pre-election | | Second | | |
| Building Fund | | Pre-runoff | | Third | Supplemental Final | |
| Dunning rund | | Semi-annual | | Fourth | Annual | |
| | | Mid Yea | _ L | Semi-annual | Special | |
| | | | 111 | | 10.5 | |
| Other: | | Year En | 1 | Mid Year | 10. Special Report Name | |
| | 1 2 1 2 2 2 2 | Final | | Year End | | |
| 8. Number of Fund | raisers this Report | Special | | Final | | |
| | None | | | Special | | |
| 11. Account Inform | ation | | 11. Account | Information | | |
| a. Financial Institution 1 | Full Name | | a. Financial Inst | titution Full Name | | |
| Peoples Bank | | | | | | |
| b. Purpose | c. Account Code | | b. Purpose | a a | c. Account Code | |
| | | | | | | |
| | d. Period Begin Balanc | e | | | d. Period Begin Balance | |
| | \$ 0.00 | | | | \$ | |
| 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. John Stiver 9/28/19 | | | | | | |
| EOD OFFICE LIEE O | Printed Name of Signer | 2 | ignature of Appoin | ted 1 reasurer | Date | |
| FOR OFFICE USE O | TATE | | | | Deliver Mathed | |
| Date Received: | | Employee: | | | Delivery Method | |
| | IN ETH FORWARD | FIN | | | Normal Mail Registered Mail | |
| Date Postmarke | 1: | Employee: | | | Hand Delivered | |
| | Sar > 0 2019 | | | | Electronically Filed | |
| Date Scanned: | V ZUIS | Employee: | | | Signer has not received | |
| | | | | | PI DIENOT HOU HOU LOCOTAGE | |
| Date Data Enter | ed: By | Employee: | | | mandatory training | |
| | velina. | The second secon | mation such | the committee of | mandatory training dress, treasurer, assistant treasurer, | |

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment \boxtimes

Yes

No

Detailed SummaryUse 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 |
|--|---------------|-------------------------------|--|
| Committee to Elect John Stiver | 2017 35-Day | | |
| Start of Election Cycle: January 1, | 2017 | Total this Reporting Perio | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 0 | \$ 0 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ 2342.90 | \$ 2342.90 |
| 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) | \$ | \$ |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ | \$ |
| 11b) Contributions from Not-for-Profit Organization | (CRO-1250) | \$ | \$ |
| 11c) Outside Sources of Income | (CRO-1250) | \$ | \$ |
| 11d) Legal Expense Fund – Other Sources | (CRO-1270) | \$ | \$ |
| 11 e) Exempt Purchase Price Sales | (CRO-1265) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, | 11d and 11e) | \$ 2342.90 | \$ 2342.90 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 466.00 | \$ 466.00 |
| 13b) Contributions to Candidates/Political Committee | es (CRO-1310) | \$ | \$ |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | \$ |
| 4) Aggregated Non-Media Expenditures | (CRO-1315) | \$ | \$ |
| 15) Loan Repayments | (CRO-1420) | \$ | \$ |
| 16) Refunds/Reimbursements From the Committee | (CRO-1320) | \$ 673.90 | \$ 673.90 |
| (7) In-Kind Contributions | (CRO-1510) | \$ 678.90 | \$ 678.90 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, | 16 and 17) | \$ 1818.80 | \$ 1818.80 |
| 9) Cash on Hand at End (Add lines 4 and 12 together, then subtra | | \$ 524.10 | \$ 524.10 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | |
| Outstanding Loans (incl. ones from other campaigns) |) (CRO-1430) | \$ | |
| 22) Debts and Obligations owed By the Committee | (CRO-1610) | \$ | And the same of th |
| 23) Debts and Obligations owed To the Committee | (CRO-1620) | \$ | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ | |
| 25) Administrative Support | (CRO-1710) | \$ | \$ |
| 6) Forgiven Loans | (CRO-1440) | \$ | \$ |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ | \$ |
| • | | | |
| 8) Contributions to be Refunded | (CRO-1215) | \$ | \$ |

Amendment

Yes No

| ~ . | •11 4 • | • | T 1. | | |
|-------|---------|---------|-------|-------|---|
| Contr | าทเปลา | ns from | Indiv | idual | 2 |

| | | vidual contributions of | | or contributions un | der \$50 if form CR | 71 | | |
|---|------------------------|-------------------------|----------|---------------------------------------|---------------------|-------------|-------------|----------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | | | |
| Committe | ee to Elect John St | tiver | | | | | RDU317 | , |
| 3. Contri | ibutor Informatio | on | | Add Re | move | | | |
| a. Fuil Nan | ne, Mailing Address d | & Phone | | b. Job Title/Profession | n | d. Commer | nts | |
| | city, state, & zip) | | | Retire | | | | |
| John Stiv | | | | | | | | |
| | llege Ave | | | c. Employer's Name/S Public Education | Specific Field | - | | |
| Newton, | NC 28658 | | | Public Education | | e Election | Sum to Date | |
| | | | | | | \$ | 2167.90 | |
| 6 D 1 | 1 | I Day of Drawnsk | | Z-1Di-ti | 2 Data (minu (23/m | | | |
| f. Prior | g. Account Code | h. Form of Payment | | Kind Description | j. Date (mm/dd/y) | | k. Amour | |
| | | In-Kind | Filin | ig Fee | 07/07/2 | 017 | \$ | 5.00 |
| | JMS | Transfer | | | 08/21/2 | 2017 | \$ | 1014.00 |
| | JMS | CHeck | | | 09/25/2 | 2017 | \$ | 500.00 |
| 3. Contri | ibutor Informatio | on | | Add Re | emove | | | |
| a. Full Nar | ne, Mailing Address & | & Phone | | b. Job Title/Profession | n | d. Commer | nts | |
| | city, state, & zip) | | | Retired | | | | |
| John Stiv | | | | | | | | |
| | llege Ave | | | c. Employer's Name/S Public Education | 1 | | | |
| newton, | NC 28658 | | | Public Education | | e Election | Sum to Date | |
| | | | | | | | | |
| | | | | | | \$ | 2167.90 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-k | Kind Description | j. Date (mm/dd/yy | уу) | k. Amour | ıt |
| | | In-Kind | Poli | tical Ad | 08/25/2 | 017 | \$ | 125.00 |
| | | In-Kind | Poli | tical Ad | 08/25/2 | 2017 | \$ | 175.00 |
| | | In-Kind | Sold | lier Reunion | 08/25/2 | 2017 | \$ | 25.00 |
| 3. Contr | ibutor Informati | on , | | Add Re | emove | | | h =243.5 |
| | ne, Mailing Address | & Phone | | b. Job Title/Professio | n | d. Comme | nts | |
| | city, state, & zip) | | | Retired | | | | |
| John Stiv | er llege Ave | | | c. Employer's Name/S | Enacific Field | | | |
| | NC 28658 | | | Public Education | specific ricid | 1 | | |
| 110111011, | 110 2000 | | | | | e. Election | Sum to Date | |
| | | | | | | \$ | 2167.90 | 1 |
| f. Prior | g. Account Code | h. Form of Payment | i, In-l | Kind Description | j. Date (mm/dd/y | /уу) | k. Amour | nt |
| | | In-Kind | Crat | ft Show | 09/20/2 | 017 | \$ | 25.00 |
| | | In-Kind | Sign | ıs | 09/20/2 | 2017 | \$ | 323.90 |
| | | | | | | | \$ | |
| 4. Tota | l only this Pag | e Hall Ships | | | | \$ | 100 | 2192.90 |
| 5. Tota | l of ALL CRO | 1210 Pages | | | | \$ | | 2342.90 |
| (This lin | e must be on line 6 of | Detailed Summary Page | CRO-1100 | 0) | | | | |

| | | m Individuals | over \$5 | 0 or contr | ribution | Pg is under | 2 \$50 if form (| of <u>2</u> CRO 1205 is a | Amendme Ye | _ |
|-------------|---------------------|-------------------------|----------|------------|------------|----------------|---------------------|--|--------------|--|
| | | (and Fund if applica | | | | | | 2. ID Nu | | |
| Committe | ee to Elect John S | tiver | • | | | | | | RDU317 | |
| 3. Contr | ibutor Informati | on | | Add | | Remo | ove. | | A CONTRACTOR | 1 - July 1 - |
| a. Full Nar | ne, Mailing Address | & Phone | | | Title/Pro | | | d. Comme | nts | |
| (include | city, state, & zip) | | | Retire | ed | | | | | |
| James O. | _ | | | | | | | | | |
| 1 | twood Cir | | | | | ame/Spec | ific Field | | | |
| Newton, | NC 28658 | | | Furnit | ture | | | 77. 4 | ~ | |
| | | | | | | | | e. Election | Sum to Date | |
| | | | | | | | | \$ | 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In- | Kind Descr | iption | | j. Date (mm/de | І/уууу) | k. Amoun | t |
| | JMS | Check | | | | | 08/2 | 8/2017 | \$ | 150.00 |
| | . 16 | | | | | | | | \$ | |
| | | | | | | | | | \$ | |
| 3. Contr | ibuter Informati | on . | | Add | | Remo | ve | tie - | | |
| a. Full Nar | ne, Mailing Address | & Phone | | b. Job T | Title/Prof | fession | | d. Comme | nts | |
| (include | city, state, & zip) | | | | | | | | | |
| | | | | c. Empi | oyer's Na | ame/Spec | ific Field | | | |
| | | | | | | | | e Election | Sum to Date | |
| | | | | | | | | \$ | Sum to Date | |
| f, Prior | g. Account Code | h. Form of Payment | i In-l | Kind Descr | intion | T | j. Date (mm/do | | k, Amount | |
| | gi ricevani ovac | in 1 or air of 1 aymont | 1,11, | Mila Deser | трегоп | | J. Date (minute | ~3333) | \$ | |
| | | | | | | | | | \$ | |
| | | | | | | | | | \$ | - |
| | butor Informati | on | - 3 D | Add | 91 | Reme | νέ, | A STATE OF THE STA | | |
| a. Full Nan | ne, Mailing Address | & Phone | | b. Job T | itle/Prof | a. c. | Wite: | d. Comme | nts | |
| (include | city, state, & zip) | | | | | | | | | |
| | | | | c. Emple | over's Na | ame/Spec | ific Field | | | |
| | | | | | | | | | | |
| | | | | | | | | e. Election | Sum to Date | |
| | | | | | | | | \$ | | |
| f. Prior | g. Account Code | h. Form of Payment | i, In-I | Kind Descr | iption | | j. Date (mm/dd | /уууу) | k. Amount | |
| | | | | | | | | | \$ | |
| | | | | | | | | | \$ | |
| | | | | | | | | | \$ | |
| | only this Pag | | | | | | | \$ | | 150.00 |
| 5. Total | of ALL CRO | -1210 Pages | | 1 | | | | • | | 23/12 00 |

2342.90

\$

| | | | | | Amendment | |
|--|-----------|--------|------------|-----|------------------|-----|
| Disbursements | Pg | 1 | of | 1 | Yes | No. |
| Use this form to report expenditures from the committee for; operating e | expenses, | contri | butions to | can | didate/political | |

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

| 1. Committee F | 2. ID Number | | | | | | |
|------------------------|--|--------------------|----------------------------------|--|---|--|--|
| Committee to E | lect John Stiver | | | | | | |
| 3. Type of Disb | ursement (Plea | ise use separate (| CRO-1310 forms for each | type of Disburse | ment.) | | |
| Operating B | Transaction of the last of the | | ndidates/Political Committees | The state of the s | Coordinated Party Expenditures | | |
| 4. Payee Inform | nation | | Add | Remove | | | |
| | ing Address & Phone | | b. Coordinated Committee | | d. Comments | | |
| (include city, state, | • | | | | | | |
| Peoples Bank | & zip) | | | | | | |
| 420 West A St | | | a I and Desistant (Cassife | | - | | |
| | (60 | | c. Level Registered (Specify | | - | | |
| Newton, NC 28 | 638 | | Federal | County: | | | |
| | | | State | Municipality: | e. Election Sum to Date | | |
| | | | | | \$ 18.20 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| JMS | Debit | 0 | 8/30/2017 | \$18.20 | Checks | | |
| | | | | \$ | | | |
| 4. Payee Inform | nation | | Add | Remove | | | |
| a. Full Name, Maili | ng Address & Phone | | b. Coordinated Committee | Name | d. Comments | | |
| (include city, state, | _ | | | | | | |
| Build-A-Sign | | | | | | | |
| 11525A Stoneho | ollow Dr | | c. Level Registered (Specify | ·) | | | |
| Austin, TX 787: | | | Federal | County: | | | |
| Austin, 1A 707. | 00 | | State | Municipality: | e. Election Sum to Date | | |
| | | | State | Municipanty. | e. Election Sum to Date | | |
| | | | | | \$ 412.80 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| JMS | Debit | 0 | 9/22/17 | \$412.80 | Yard Signs | | |
| | | | | \$ | | | |
| 4. Payee Inform | ation | | Add | Remove | | | |
| | ng Address & Phone | | b. Coordinated Committee | | d. Comments | | |
| (include city, state, | - | | Di Cool allatoa Committo | | | | |
| Observer News | ~ | | 1 | | | | |
| | Efficiplise | | c. Level Registered (Specify | <u> </u> | | | |
| PO Box 48 | 650 | | | | _ | | |
| Newton, NC 280 | 866 | | Federal | County: | 71 1 2 1 7 1 | | |
| | | | State | Municipality: | e. Election Sum to Date | | |
| | | | | | \$ 35.00 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| JMS | Check | A | 9/25/2017 | \$35.00 | Ad | | |
| | | | | \$ | | | |
| 5. Total only thi | s Page | | | | \$ 466.00 | | |
| | CRO-1310 Pages | | | | | | |
| News Vy | | nmary Page CRO-110 | 0 if Operating Expenses) | | 1. | | |
| | - | | 0 if Contrib to Candidates/Polit | tical Comm) | \$ 466.00 | | |
| | - | | 0 if Coordinated Party Expendi | | | | |
| | es (List detailed ex | | | iui esj | | | |
| A* - Media | B* - Printing | C* - Fund | | D. To Anot | her Candidate | | |
| E - Salaries | F* - Equipment | | | | ner Candidate ng Public Office Expenses | | |
| I - Postage O* - Other | J - Penalties | | ce Expenses | | ion to Legal Expense Fund | | |
| | e detailed explanati | ion in required re | emarks field (k) | | | | |

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| 1. Committee Full Name (and Fu | ınd if applicable) | | | 2. ID Number |
|---|---|------------------------------|--------------------|----------------------------|
| Committee to Elect John Stiver | | | | |
| | | | | |
| 3. Payee Information | Ad | | | |
| a. Full Name, Mailing Address & Phone | | d. Type of Committee | | h. Original Receipt Date |
| (include city, state, & zip) John Stiver | | Candidate Referendum | PAC Party | 8/21/2017 |
| 502 South College Ave | | e. Level Registered (Specify | | i. Original Receipt Amount |
| Newton, NC 28658 | | Federal | County: | |
| Trewton, Tre 20000 | | State | Municipality: | \$ 1014.00 |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | L | | \$ 350.00 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| Retired | Educator | | | JMS |
| Action 1 | | | | |
| I. Form of Payment m. Required I | Remarks | | n. Date (mm/dd/yy | yy) o. Amount |
| Check | | | 8/25/2017 | \$ 350.00 |
| 3. Payee Information | ☐ Ad | ld Remove | | |
| a. Full Name, Mailing Address & Phone | | d. Type of Committee | | h. Original Receipt Date |
| (include city, state, & zip) | | Candidate | PAC | 9/20/2017 |
| John Stiver | | Referendum | Party | |
| 502 South College Ave | | e. Level Registered (Specify | i) | i. Original Receipt Amount |
| Newton, NC 28658 | | Federal | County: | \$ 323.90 |
| | | State | Municipality: | |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | L | | \$ 673.90 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| Retired | Educator | | | JMS |
| I. Form of Payment m. Required F | Remarks | | n. Date (mm/dd/yy) | yy) o. Amount |
| Check | | | 8/28/2017 | \$ 323.90 |
| | ☐ Ad | ld Remove | | |
| 3. Payee Information | □ Au | d. Type of Committee | | h. Original Receipt Date |
| a. Full Name, Mailing Address & Phone | | Candidate | PAC | n. Original Neccipt Date |
| (include city, state, & zip) | | Referendum | Party | |
| | | e. Level Registered (Specify | | i. Original Receipt Amount |
| | | Federal | County: | - |
| | | State | Municipality: | \$ |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| D. JOB THE TOESSON | C. Dimproyer of value opeciate 2 total | g, comment | | |
| | | | | |
| l. Form of Payment m. Required F | Remarks | | n. Date (mm/dd/yy | yy) o. Amount |
| | | | | \$ |
| 4. Total only this Page | | | | \$ 673.90 |
| | S (This line must be on line 16 of Detailed | Summary Page CRO-1100) | | \$ 673.90 |
| L - Returned to Contributor | M - Overpayment for Service | | Contribution Limit | |
| P* - Reimbursement of In-Kind | O* Other | | | |

| In-Kind Contributions | | | Pg 1 of | 1 | Yes No |
|---|--------------|-------|--------------------|---------|-------------------------|
| Use this form to report non-monetary contributions, donations, go | | rvic | ces provided to th | | |
| Use CRO-1215 if In-Kind Contributions were or will be refunded | l within 7 | day | ys. | | |
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID | Number |
| Committee to Elect John Stiver | | | | | RDU317 |
| | | | 5 | | |
| | Remove | | Mariellay 25, es- | | |
| a. Full Name, Mailing Address & Phone | | | Contributor | c. Cor | nments |
| (include city, state, & zip) | | Indiv | vidual | | |
| John Stiver | $ \boxtimes$ | Cano | didate | | |
| 502 S College Ave | | Party | • | | |
| Newton, NC 28658 | | PAC | | | |
| | | | erendum | d. Ele | ction Sum to Date |
| | | Othe | er Receipt Source | \$ | 2167.90 |
| e. Description | | | f. Date (mm/dd/yy | уу) | g. Fair Market Amount |
| Filing Fee | | | 07/07/2017 | 7 | \$ 5.00 |
| Political Ad | | | 08/25/201 | 7 | \$ 125.00 |
| Political Ad | | | 08/25/201 | 7 | \$ 175.00 |
| 3. Contributor Information Add | Remove | 80 | | | |
| a. Full Name, Mailing Address & Phone | 2 | of C | ontributor | c. Con | nments |
| (include city, state, & zip) | - | | vidual | | |
| John Stiver | | Cand | didate | | |
| 502 S College Ave | | Party | 1 | | |
| Newton, NC 28658 | — | | | | |
| | | | Referendum | | d. Election Sum to Date |
| | | Othe | r Receipt Source | \$ | 2167.90 |
| e. Description | | | f. Date (mm/dd/yy) | yy) | g. Fair Market Amount |
| Solider Reunion Parade | | | 08/25/2017 | 7 | \$ 25.00 |
| Solider Reunion Craft Show | | | 08/25/2017 | | \$ 25.00 |
| Signs | | | 09/20/201 | 7 | \$ 323.90 |
| 3. Contributor Information Add | Remove | 35.5 | | | |
| a. Full Name, Mailing Address & Phone | 7 | of C | ontributor | c. Con | nments |
| (include city, state, & zip) | | Indiv | vidual | | |
| | | Cano | didate | | |
| | | Party | 1 | | |
| | | PAC | 1 | | |
| | | | rendum | d. Elec | ction Sum to Date |
| | | Othe | r Receipt Source | \$ | |
| e. Description | n/ | | f. Date (mm/dd/yyy | yy) | g. Fair Market Amount |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

(This line must be on line 17 of Detailed Summary Page CRO-1100)
CRO-1510

4. Total only this Page
5. Total of ALL CRO-1510 Pages

678.90 678.90