Disclosure Report Cover Sheet	<u> </u>	COP	10f.8
to a time and a second to a second to	amend committee information	such as the comm	ittee address; treasurer, Statement of Organization
Please note that this cover sheet cannot be used to assistant treasurer, or custodian of books information: (CRO-2100) to n	nake those kinds of computer	-CHATILEOS.VIII	oranomonic or organisation
	7 - 7 110, 01	ELECTIONS	6. Date 0/22/02
. Name of Committee or Fund		22 02	0.04.00
Walter Marshall Campaign			
2. Address	KEUL	IVED	7.ID Number
1500 Baymand Dis			
1500 Reygard Dr.	4. State	5. Zip	8. Phone
	MC	27284	336/996-2218
Kernersville		10. Period Cover	
9. 's ype of Report		Start	Yes
9/3/02 to 10/19/02		End	No No
12. Type of Committee or Fund (Check one)	Joint Fundraise	н	Booster Fund"
Candidate Campaign Party Referendum	Soft Money Ac		uilding Fund
☐ PAC ☐ Referendum ☐ Other Fund:	<u> </u>		
13. Treasurer Name		<u> </u>	<u> </u>
112			
Harry James Jr			
14. Assistant Treasurer Name(s)			
Harold L. James			
15. Custodian of Books Name			
15. Custodian of Books ivanie			
Harry James Jr.			
16. Bank/Depository/Credit Account Information	n		
2. Name b.	. Purpose	c. Code	d. Period Begin Balance
Mechanics & Farmers Bank	Campaign Expens	e <u></u>	s 2508.44
LifeChanics (at there boths —			s
			s
			s
			\$
			s
CERTIFICATION			•
I certify that the Committee is in compliance with	•Il provisions of Article 22A. i	ncluding that no fu	nds are commingled with
funds for a federal or out-of-state PAC. I further s	by that this report is complete,	true and correct.	
runds of a rederat of our-yr-state 1 Ac. 1 farmers			
1 What I have I		16	-22-02
1 1 mus moss	<u> </u>		Date
Signature of Appoint d Treasurer or	Candidate		P. 17.10

etailed Summary	2. Type of Re	port	3. ID Numb	er
Name of Committee or Fund	2. 1 ypc or to			
Notter Marshall Campaian art of Election Cycle: January 1, 20_9/3/02 to 1	0/19/02	Total this Period	Total this Election Cycle	For Office Use Only
4) Cash on Hand at Start of Election Cycle			s 2959.44	
5) Cash on Hand at Start of Present Reporting Period		s1835.88		
ECEIPTS			0.00011/17	
6) Contributions from Individuals		t .	, s <u>5954.61</u>	<u> </u>
7) Contributions from Political Party Committees	(CRO-1220)		5 0	-
8) Contributions from Other Political Committees	(CRO-1230)	<u>V</u>	5 0	
9) Loan Proceeds	(CRO-1410)		1	
10) Refunds & Reimbursements to Committee	(CRO-1240)		s D	
11) Other Receipt Sources	(CRO-1250		s 39,20	
11a) Interest on Bank Accounts	(CRO-1250	1-70-1-1	\$ 0	
11b) Contributions from Not-for-Profit Organizations	(CRO-125)	·· · · · · · · · · · · · · · · · · ·	s o	
11c) Outside Sources of Income	(CRO-125			
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		2657:30	^{\$} 2984.44	
EXPENDITURES	(CRO-13			
13) Disbursements	. .	10) \$513.4a	534462	3
13a) Operating Expenditures			\$ 0	
13b) Contributions to Candidates/Political Committees	(CRO-13		s O	
13c) Coordinated Party Expenditures	(CRO-1	·	s o	
14) Loan Repayments	(CRO-I	· - 	s O	
15) Refunds from Committee	(CRO-1		s O	
16) In-Kind Contributions			s 3441	73
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		°513.42	3446	~
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 lines	se 17)	s 2144.	04 2508.	44
Additional Information		12201 5 6		
19) Non-Monetary Gifts Given to Committees	المعامل والواما	-1430) S O		
20) Outstanding Loans (including ones from other campa	/			
21) Debts and Obligations owed BY the Committee	(CAO	1-1620) S D		
22) Debts and Obligations owed TO the Committee		D-1710) S ()		
23) Parent Entity's Administrative Support	(CAC	······		-

4 : l	itions from INDIVIDUALS					2. ID N	umber		
LIDA	Constitute or Fund					T	_		
	Committee or Fund	ົດແຕ	ritte	3	f. Date	g. la-	h. Prior	i. Amour	ıt
alte.	r Marshall Campaign	d. Acco	ent '	C' C. Or A. I	(mm/dd/yyyy)	Kind	Report		
Full Nat	me, Mailing Address & The	Number/	Code	Payment			s	100.0	
				heck	8126102		۔ سا	.0-10	Ĭ
acty	y Leon Hamlin Storm Canyon Rd.					[]	S	;	1
กับ'd	Storm Canyon Kd.								1
170	ton-Salem, N.C. 27106					تا	\$ [_] \$	•	Į.
MINS.	Toll-Julan, work				•		<u> </u>	•	1
						<u> </u>	` نسب		
. Job Tit	He/Profession Self-Employed			observe tv	nc:			um to Date	
			ment, choo	Delete	 		00.00	- 1 1 - 2	
. Emplo	yer's Name/Specific Field	Add_		e. Form of	f. Date	g. ln-	h. Prior	i, Amo	1111
	Address & Phone	d. Acc	ount	Payment	(mm/dd/yyyy) Kind	Report		
Full N	iame, Mailing Address & Phone	Numbe	r/Coae	Check	9/3/02	_		\$ &00.6	D
(includ	de city, state, & zip)			Them	7,5.5-			_	:
Lind	la Garrou							S	
0 1	Box 11843 ALC 27116-1843	i					ب	S	j
r. O.	1200 1200 VIC 02116-1843			,			نا	•	
Win	.Box 11843 ston-Salem.N.C. 27116-1843	<u> </u>	•					S	
	Title/Profession State Senator]					otion Cycle	Sum to Da	e
		1. 15 4 - 0	adment, ch	oose change	type:	K EK	- COOR C.	<u> </u>	
Empl	loyer's Name/Specific Field	Add		Delete	·	3 % (00.00 - 1 h. Prior	i. Am	ount
_		I AUG	ccount	e. Form 0	f f. Date	- 1	1		
la Fooli	Name, Mailing Address & Phone	Normal	per/Code	Payment	(mm/dd/yy	· · · · · · · · · · · · · · · · · · ·	u i stopes		ΔΔ
Sack	lude city, state, & zip)	140100		Check	9/10/03] [\$ 200	,00
71	iomas P. Trollinger				200		, [7	\$	
In	lomast, iloninge		•			L	ب ر	_	
34	20 Chelmsford Dr.					٦		\$	
34 W	inston-Salem, N.C. 27105	1							
144	INSIDIF Jaidin, it is	╼┫╌┈╌		.; 				·\$	
i k Job	Title/Profession Dwner of Contract					lk E	lection Cyc	le Sum to D	ate
756	ice Supply	j. If Am	endment, c	hoose chang	e type.	S	$\overline{2}$ $\overline{0}$ 0 0	<u> </u>	
c. Em	ployer's Name/Specific Field	. Ad	ld	e. Form			la- h. Pri	or i.A	mount
	Addres & Phone		Account	Payme			ind Repo		
a. Fu!	ill Name, Mailing Address & Phone	Nut	nber/Code	Chec			7 []	s 25	00,
(in	clude city, state, & zip)			Liter	.n 7/000				
166	eorge H. Johson, Jr	·				(S	
ž 37	166 Danube Dr. N.C. 27105	1						1 \$	
화 37 W	166 Danube Dr. Vinston-Salem, N.C. 27105	[* * * *					⊶ا ٺي	1 -	
[]					-	. !) S	
0 h 10	ob Title/Profession School Principal			· ·		- 10	Election C	ycle Sum to	Date
			mendment	choose char	ige type:		25.00	`	
c. E	mployer's Name/Specific Field		\dd		lete		e. in- h. P		Amount
			d. Account	e. For			Kind Rep		
2. F	Full Name, Mailing Address & Phone	N	umber/Cod	e Payn	~ 10	133377			0.00
1 1 6	Include city, state, & zip)			Che	CK4/~44	10 0	ا نا	٠.٠٠ ر	•
V	Morshall B. Boss					•		_ \$	
	Marshaulting Di								
1番ば	Vinston-Salem, N.C. 27105							s	
Contributor A	Afficient And many	. : :						¬ s	
8	Dalland R.IR					······	ا نا	_	o Date
マ戸	Job Title/Profession Retired RJR		A	nt, choose ch	ange type:		k. Election	Cycle Sum	
IE	Ye CutiVE Employer's Name/Specific Field			T)elete		\$ 100.0	/D	45 A
1 1	. Smhieler	ليا	Add					56	25.OC
╂┷┷	and a this Dage	:= =							
4. T	Otal Only this 1 age	(on	ly show on	last page)				·	
5. T	Total of ALL CRU-1210 Pages	cRO-110	o)					g+ _1	ычкгу 20
This	line must be on line 6 of Detailed Summary Fug		Out O	of Florians				10	or many and
	Total only this Page Total of ALL CRO-1210 Pages tine must be on line 6 of Detailed Summary Pag	e CRO-110	ly show on a	last page)					s

. or f	ributions from INDIVIDUALS				2. ID N	iumbei		
	ne of Committee or Fund							
AL.	Itan Marchall Campaian		Form of	f. Date	g. In- Kind	h. Prior		i. Amount
i. F	Full Name, Mailing Address &	Number/Code	Payment	(mm/dd/yyyy)		<u> </u>		5.00
		C	neck (7/30/02	الا	Ш		
D	r.J. Raymond Oliver, Jr. 1961 Pomeroy Dr Vinston-Salem, N.C. 27105						\$	
12	au Pomeroy Dr				- 1 1	i i	S	
10	1 1 - Solem N. C. 27105				ـــا	ט	-	
3	Vinston-Suldingition				[F	\$	
b .	Title (Profession Dentist		- change fyr	re: - ?			le Sun	to Date
	Employer's Name/Specific Field	j. If Amendment, choose	Delete			.00		i. Amount
-		d. Account	e. Form of	f. Date	g. la-	1 -		I. Allioum
╁	Full Name, Mailing Address & Phone	Number/Code	Payment	(mm/dd/yyyy)	Kind			50.00
- 1	(include city, state, & zip)		heck	9/24/02	لا		3 (50.00
Γ	Mel Wall			•	["]		\$	
<u> </u>	PAB0x36831						\$	
Contributor	Mel Watt P.O.Box 36831 Charlotte, N.C. 28236				L	L		
• ~ •		4					\$	
~ _E	b. Job Title/Profession Congressman	t		ind'	lk Ek	ction C	cle Su	m to Date
-	c. Employer's Name/Specific Field	j. If Amendment, choo	Delete	/pe		0.00		
۲		Add	e. Form of	f. Date	g. la			i. Amount
-	a. Full Name, Mailing Address & Phone	d. Account Number/Code	Payment	(mm/dd/yyy)) Kin	d Rep		
ľ	(include city, state, & zip)	1,10,000] s	
ı		w ===		-	<u>.</u> -	1 [7 S	
ĕ					L		- 	
툍] L]\$	•
Contributor					Г	ר ר	_ S	•
3.0	b. Job Title/Profession				lk E	lection (ycle S	um to Date
	c. Employer's Name/Specific Field	j. If Amendment, che	ose change	type:	\$			
		Add	e. Form			•	rior	i. Amount
-	a. Full Name, Mailing Address & Phone	d. Account Number/Code	Paymen		yy) Ki	nd Re	port	
ł	(include city, state, & zip)			_] [ٔ لـ	\$
l					۲	٦ (– ,	\$
ş			·				<i>'</i>	
3. Contributer			•		[ِ لا	
Į			 •	-	ſ	7		\$
17	b. Job Title/Profession	-		a franci	- Ik	Election	Cycle	Sum to Date
1	c. Employer's Name/Specific Field	j. If Amendment, c	hoose chang Dele	te	S			•
		d. Account	e. Form	of f. Date	_		Prior	i. Amount
L	a. Full Name, Mailing Address & Phone	Number/Code	Payme		<u> </u>	Kind R	eport	<u> </u>
Г							لا	S
T	(include city, state, & zip)							
	(include city, state, & zip)		-		•	Γ		S
	(include city, state, & zip)		,			<u> </u>		S Personal
	(include city, state, & zip)							-S
	(include city, state, & zip)				• •			
	(include city, state, & zip)					Election		:\$. :\$
	(include city, state, & zip)	j. If Amendment,	choose char	ige type:		Election		S S le Sum to Date
	(include city, state, & zip)	j. If Amendment,	choose chas	ge type:				:\$. :\$
	(include city, state, & zip) b. Job Title/Profession c. Employer's Name/Specific Field	Add	i_De	ge type: lete				\$ le Sum to Date
	(include city, state, & zip)	(only show on last	i_De	ige type: lete				S S le Sum to Date

b	ursements					2. ID Number	
gī	me of Committee or Fund						
h	later Marshall Co	mpaian	1.1330 forms for each	type of Disbursem	ents.)		
7)	of Disbursement (Please	use separate CRO	lidates/Political Com	nittees		Party Expenditures	b. Amount
$\overline{}$	erating Expenses	ntributions to Care	d. Purpose	C. Meren	f. Form of	g. Date (mm/dd/yyyy)	u. Amount
٠.	Full Name, Mailing Address & Phone	1		Number/Code	Payment		\$100.00
	atda aitu etate. 204 AlVi		oliticalAd		Check	9/6/02	3100.00
P	aisley Alumni Assoc.	1, ,	biiii wii i d				S
C	0.Box 16166	i					
Ι.	Vinstan-Salem N.C.	7119				\$	
			If Amendment, choo	re change type:		j. Election Cycle	Sum To Date
b.	ounty Committee, specify: Expense,	ist office:		Delete		\$ 100,00	h. Amount
	- ,		d. Purpose	c. Account	f. Form of	g. Date (mm/dd/vyvy)	a. Amount
1	Full Name, Mailing Address & Photo	ie		Number/Code		9/6/02	\$100.00
ı	Gaclade city, State, and Zip)		olitical Ad		Check	7/6/0	3100:-2
1	Carver Booster Club	ין נ	Ollification				\$
1	4100Carver⊃cheol n	a					
ľ	Winston-Salem N.C.	27105	· · -				3
Į.			. If Amendment, cho	ose change type:		j. Election Cycle	Sum To Date
ľ	b. If Contribution to County Committee, specify: Expense	list office:	Add L	Delete		1210000	h. Amount
- 1			d. Purpose	e. Account	f. Form		
1	a. Full Name, Mailing Address & Pho	ne	G. F G. F G.	Number/Cod	e Paymen		\$50.00
ı	(include city, state, and zip)		Reimburse		Check	4/6/50	
١	Harry James JE		mentonag	5	, , , , , , , , , , , , , , , , , , , ,		S
	LEAD DAVINGED IC		Janay Gues	5	·	• • • • • • • • • • • • • • • • • • • •	¢
4. raye	llamoraville, N.C.C	1284	Janay Gues passing out	r			G. To Date
4	La la Contra de la Carla Co	ordinated Party	brochures i. If Amendment, ch	oose change type:		j. Election Cyc	le Sum To Date
	b. If Contribution to County Committee, specify: Expens	e, list office:	Add	Detere		\$50.00 of g. Date	h. Amount
			d. Purpose	e. Account	f. Form		n
	a. Full Name, Mailing Address & Pl			Number/Co	Check	A /10 14 -	\$263.42
	(include city, state, and zip)		Political		Check		_
	Political U.S.A.		1				\$
Payec	P.O. Box 603		Posters	ئان. ماران سيجوموسوري		-··	S
ě.	: Li	X03		1	: 1		cle Sum To Date
•	Ic If C	pordinated Party	i. If Amendment, c	hoose change type:		j. Election Cy \$ 263:4	7
	b. If Contribution to County Committee, specify: Expen	se, list office:	Add	Detere			h. Amoun
	l		d. Purpose	e. Accour	ode Paym		w L
Г	a. Full Name, Mailing Address & E (include city, state, and zip)		<u> </u>	Namberic	ouc 1 1 are		S
	(include city)		1			•	
۱.							\$
l	ži Ži		agent on the second of the second of			ا الفراهدية الدريسية المراهدية المراهدية ومانية ومانية ومانية ومانية ومانية ومانية ومانية ومانية ومانية ومانية المراهدة المراهدة المراهدة المراهدة المراهدة المراهدة ومانية ومانية ومانية ومانية ومانية ومانية ومانية ومانية	\$
ľ	4. Payee		_{	· •		U. Election C	ycle Sum To Date
ł	ic. If	Coordinated Party	i. If Amendment,	choose change type	e:	S. Election C	,, c.
ĺ	County Committee, specify: Expe	B3C, B3L Office.	□Add	Delete			\$513.4
L	La Alda Dago						
	5. Total only this Page 6. Total of ALL CRO-13	A Deleted P	ages	(only show on la	ist page)		s513.4
Г	6. Total of ALL CRO-13 (This line goes in line 13a of Detailed (This line goes in line 13b of Detailed (This line goes in line 13b of Detailed	LU REIACCU I	CO-1100 if Operating	Expenses)	at Camp)	en e	ا .ن.ا
ł							

Other Receipt Sources 2. ID Number 1. Name of Committee or Fund Walter Marshall Campaian Committee (Please use separate CRO-1250 forms for each type of Receipt Source.) 3. Type of Receipt Source Outside Sources of Income Contributions from Not-for-Profit Organizations d. Date e. Amount : Interest b. Account a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Number/Code Payment (include city, state, and zip) 10.79 Mechanics Farmers Bank 770 Martin Luther King Dr. Winston-Salem, N.C. 27105 nteres S h. If Not-for-Profit, list Fed ID #: g. If Amendment, choose change type: f. If Outside Source of Income, explain: Delete l Add d. Date e. Amount c. Form of b. Account a. Full Name, Mailing Address & Phone Payment (mm/dd/yyyy) Number/Code (include city, state, and zip) S Contributor \$ h. If Not-for-Profit, list Fed ID #: g. If Amendment, choose change type: f. If Outside Source of Income, explain: Delete Add d. Date e. Amount c. Form of b. Account a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Payment Number/Code (include city, state, and zip) \$ Contributor \$ \$ h. If Not-for-Profit, list Fed ID #: g. If Amendment, choose change type: f. If Outside Source of Income, explain: Delete Add e. Amount d. Date c. Form of b. Account a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Payment Number/Code (include city, state, and zip) \$ Contributor S S h. If Not-for-Profit, list Fed ID #: If Amendment, choose change type: f. If Outside Source of Income, explain: Delete Add c. Amount c. Form of d. Date b. Account a. Full Name, Mailing Address & Phone (mm/dd/yyyy) Payment Number/Code (include city, state, and zip) \$ Centribute \$ \$ h. If Not-for-Profit, list Fed ID #: If Amendment, choose change type: f. If Outside Source of Income, explain: Delete Add s 10.79 5. Total only this Page (only show on last page) 6. Total of ALL CRO-1250 Related Pages 5 10.79 (This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

1. ľ	vame of Committee or Fund	2. ID Number							
Watter Marshall Campaign.									
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/vvyy)	Rate	i. Account Number/Code				
1.		e. Job Title/Profession	f. Employer's Name/Specif	% ic Field	•				
Lender	N/A - =		4		j. Form of Payment				
۲.	**************************************	g. Security Pledged	<u> </u>		<u></u>				
l `'	•	k. Amount							
		h. If Amendment, choose cha	\$ -						
-	a. Full Name, Mailing Address & Phone	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)		L Account				
	(include city, state, and zip)			Rate %	Number/Code				
'n	/	e. Job Title/Profession	f. Employer's Name/Speci	lic Field	: E				
3. Lender		g. Security Pledged	·		j. Form of Payment				
<u>ب</u>	•				k. Amount				
1		h. If Amendment, choose ch:			S. Amount				
L		Add	☐ Delete		<u> </u>				
Γ	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest_ Rate	i. Account Number/Code				
		e. Job Title/Profession	f. Employer's Name/Speci		·				
Lender					j. Form of Payment				
12		g. Security Pledged							
"			k. Amount						
		h. If Amendment, choose ch	Delete		s				
H	a. Full Name, Mailing Address & Phone	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy		i. Account				
4	(Include city, state, and zip)			Rate %	Number/Code				
75		e. Job Title/Profession	f. Employer's Name/Spec	ific Field	j. Form of Payment				
Zender Zender		g. Security Pledged							
F		1		,	k. Amount				
1		h. If Amendment, choose ch			S .				
		b. Start Date (mm/dd/yyyy)	Delete	d. Interest	i. Account				
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	B. Start Date (mm/dd/yyyy)	- car vace (minomy)))	Rate	Number/Code				
ı		e. Job Title/Profession	f. Employer's Name/Spec	% ific Field					
Page 7					j. Form of Payment				
		g. Security Pledged		1					
ľ					k. Amount				
		h. If Amendment, choose cl	And Delete						
H	a. Full Name, Mailing Address & Phone	b. Start Date (mm/dd/yyyy			i. Account Number/Code				
Ì	(include city, state, and zip)			Rate %					
١,	, [e. Job Title/Profession	f. Employer's Name/Spe	cific Field	j. Form of Payment				
		g. Security Pledged	<u>.1</u>	·	J. FUI VI E By C.				
;					k. Amount				
	1	h. If Amendment, choose c	hange type:		S				
Ĺ		□Add	Delete						
4	. Total only this Page		·		\$				
_[5	5. Total of ALL CRO-1410 Pages	(only show on last page)	•	•	S.				
This line must be on line 9 of Detailed Summary Page CRO-1100)									

Loan Repayments 2. ID Number 1. Name of Committee or Fund Walter Marshall Campaign. Full Name, Maliling Address & Phone g. Account Number/Code c. Repayment Date b. Original Loan Date (www.pp/mm) (mm/dd/yyyy) (include city, state, and zip) h. Form of Payment e. Remaining Balance of d. Original Loan Amount Losa S i. Repayment Amount f. If Amendment, choose change type: **S** • _ _ _ _ Add Delete g. Account Number/Code c. Repayment Date b. Original Loan Date a. Full Name, Mailing Address & Phone (mm/dd/yyyy) (mm/dd/yyyy) (include city, state, and zip) h. Form of Payment e. Remaining Balance of d. Original Loan Amount 3. Lender Loan i. Repayment Amount f. If Amendment, choose change type: Delete Add g. Account Number/Code c. Repayment Date b. Original Loan Date a. Full Name, Mailing Address & Phone (mm/dd/yyyy) (mm/dd/yyyy) (include city, state, and zip) h. Form of Payment e. Remaining Balance of d. Original Loan Amount Loan i. Repayment Amount f. If Amendment, choose change type: Delete g. Account Number/Code c. Repayment Date b. Original Loan Date a. Full Name, Mailing Address & Phone (mm/dd/yyyy) (mm/dd/yyyy) (include city, state, and zip) h. Form of Payment e. Remaining Balance of d. Original Loan Amount Loan i, Repayment Amount f. If Amendment, choose change type: Delete Add g. Account Number/Code e. Repayment Date b. Original Loan Date a. Full Name, Mailing Address & Phone (mm/dd/yyyy) (mm/dd/yyyy) (include city, state, and zip) h. Form of Payment e. Remaining Balance of d. Original Loan Amount Lender Logn i. Repayment Amount f. If Amendment, choose change type: ☐ Delete Add g. Account Number/Code c. Repayment Date b. Original Loan Date a. Full Name, Mailing Address & Phone (mm/dd/yyyy) (include city, state, and zip) (mm/dd/yyyy) h. Form of Payment e. Remaining Balance of d. Original Loan Amount Loan i. Repayment Amount f. If Amendment, choose change type: Delete Add 4. Total only this Page (only show on last page) 5. Total of ALL CRO-1420 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)