

Disclosure Report Cover Sheet

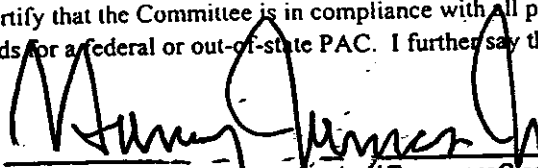
COPY 1 of 8

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 Walter Marshall Campaign			6. Date 10/22/02	
2. Address 1500 Reynard Dr.			7. ID Number	
3. City Kernersville	4. State N.C.	5. Zip 27284	8. Phone 336/996-2218	
9. Type of Report 9/3/02 to 10/19/02			10. Period Covered Start End	
11. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
12. Type of Committee or Fund (Check one)				
<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:				
13. Treasurer Name Harry James Jr.				
14. Assistant Treasurer Name(s) Harold L. James				
15. Custodian of Books Name Harry James Jr.				
16. Bank/Depository/Credit Account Information				
a. Name	b. Purpose	c. Code	d. Period Begin Balance	
Mechanics & Farmers Bank	Campaign Expense		\$ 2508.44	
			\$	
			\$	
			\$	
			\$	
			\$	

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

10-22-02
 Date

Detailed Summary

2 of 8

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Walter Marshall Campaign					
Start of Election Cycle: January 1, 20 9/3/02 to 10/19/02		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$ 2959.44		
5) Cash on Hand at Start of Present Reporting Period		\$ 1835.88			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$ 800.00	\$ 5954.67		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0		
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0		
10) Refunds & Reimbursements to Committee	(CRO-1240)	\$ 0	\$ 0		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 10.79	\$ 39.20		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0		
12) TOTAL RECEIPTS		\$ 2657.46	\$ 2984.44		
(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)					
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 513.42	\$ 3446.23		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0		
14) Loan Repayments	(CRO-1420)	\$ 0	\$ 0		
15) Refunds from Committee	(CRO-1320)	\$ 0	\$ 0		
16) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0		
17) TOTAL EXPENDITURES		\$ 513.42	\$ 3446.23		
(Add lines 13a, 13b, 13c, 14, 15, and 16)					
18) Cash on Hand at End of Reporting Period		\$ 2144.04	\$ 2568.44		
(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)					
Additional Information					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$ 0			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$ 0			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$ 0			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$ 0			
23) Parent Entity's Administrative Support	(CRO-1710)	\$ 0			

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
Walter Marshall Campaign Committee								
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	
	Larry Leon Hamlin 2142 Storm Canyon Rd. Winston-Salem, N.C. 27106		Check	8/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession Self-Employed								
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		
						<input type="checkbox"/> Add <input type="checkbox"/> Delete		
						k. Election Cycle Sum to Date		
						\$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	
	Linda Garrou P.O. Box 11843 Winston-Salem, N.C. 27116-1843		Check	9/3/02	<input type="checkbox"/>	<input type="checkbox"/>	\$200.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession State Senator								
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		
						<input type="checkbox"/> Add <input type="checkbox"/> Delete		
						k. Election Cycle Sum to Date		
						\$200.00		
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	
	Thomas P. Trollinger 3620 Chelmsford Dr. Winston-Salem, N.C. 27105		Check	9/10/02	<input type="checkbox"/>	<input type="checkbox"/>	\$200.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession Owner of Contract Office Supply								
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		
						<input type="checkbox"/> Add <input type="checkbox"/> Delete		
						k. Election Cycle Sum to Date		
						\$200.00		
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	
	George H. Johnson, Jr. 3766 Danube Dr. Winston-Salem, N.C. 27105		Check	9/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession School Principal								
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		
						<input type="checkbox"/> Add <input type="checkbox"/> Delete		
						k. Election Cycle Sum to Date		
						\$25.00		
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	
	Marshall B. Bass 3726 Spaulding Dr. Winston-Salem, N.C. 27105		Check	9/24/02	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession Retired RJR								
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		
						<input type="checkbox"/> Add <input type="checkbox"/> Delete		
						k. Election Cycle Sum to Date		
						\$100.00		
4. Total only this Page							\$625.00	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
1. Contributor	Walter Marshall Campaign			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	a. Full Name, Mailing Address & Phone (include city, state, & zip)				Check	9/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
	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		
<input type="checkbox"/> Add <input type="checkbox"/> Delete							\$ 25.00		
3. Contributor	Mel Watt			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	a. Full Name, Mailing Address & Phone (include city, state, & zip)				Check	9/24/02	<input type="checkbox"/>	<input type="checkbox"/>	\$150.00
	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		
<input type="checkbox"/> Add <input type="checkbox"/> Delete							\$150.00		
3. Contributor				d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	a. Full Name, Mailing Address & Phone (include city, state, & zip)						<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		
<input type="checkbox"/> Add <input type="checkbox"/> Delete							\$		
3. Contributor				d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	a. Full Name, Mailing Address & Phone (include city, state, & zip)						<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		
<input type="checkbox"/> Add <input type="checkbox"/> Delete							\$		
3. Contributor				d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	a. Full Name, Mailing Address & Phone (include city, state, & zip)						<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		
<input type="checkbox"/> Add <input type="checkbox"/> Delete							\$		
4. Total only this Page									\$175.00
5. Total of ALL CRO-1210 Pages (only show on last page)									\$ 800.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Disbursements

2. ID Number

1. Name of Committee or Fund

Walter Marshall Campaign

3. Type of Disbursement

(Please use separate CRO-1330 forms for each type of Disbursements.)

Coordinated Party Expenditures

Operating Expenses

Contributions to Candidates/Political Committees

a. Full Name, Mailing Address & Phone
(include city, state, and zip)

d. Purpose

e. Account
Number/Codef. Form of
Paymentg. Date
(mm/dd/yyyy)

h. Amount

Paisley Alumni Assoc
P.O. Box 16166
Winston-Salem, N.C. 27115

Political Ad

Check 9/6/02 \$100.00

\$

\$

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

\$100.00

a. Full Name, Mailing Address & Phone
(include city, state, and zip)

d. Purpose

e. Account
Number/Codef. Form of
Paymentg. Date
(mm/dd/yyyy)

h. Amount

Carver Booster Club
4100 Carver School Rd
Winston-Salem, N.C. 27105

Political Ad

Check 9/6/02 \$100.00

\$

\$

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

\$100.00

a. Full Name, Mailing Address & Phone
(include city, state, and zip)

d. Purpose

e. Account
Number/Codef. Form of
Paymentg. Date
(mm/dd/yyyy)

h. Amount

Harry James Jr
1500 Reynard Dr
Kernersville, N.C. 27284Reimburse-
ment on gas
Janay Guess
passing out
brochures

Check 9/6/02 \$50.00

\$

\$

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

\$50.00

a. Full Name, Mailing Address & Phone
(include city, state, and zip)

d. Purpose

e. Account
Number/Codef. Form of
Paymentg. Date
(mm/dd/yyyy)

h. Amount

Political U.S.A.
P.O. Box 603
Harris, N.Y. 12742-0603Political
Posters

Check 9/13/02 \$263.42

\$

\$

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

\$263.42

a. Full Name, Mailing Address & Phone
(include city, state, and zip)

d. Purpose

e. Account
Number/Codef. Form of
Paymentg. 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

(only show on last page)

6. Total of ALL CRO-1310 Related Pages

(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)

\$513.42

\$513.42

Other Receipt Sources

1. Name of Committee or Fund		2. ID Number	
Walter Marshall Campaign Committee			
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)			
Interest		Outside Sources of Income	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment
	Mechanics & Farmers Bank 770 Martin Luther King Dr. Winston-Salem, N.C. 27105	[REDACTED]	Interest
		d. Date (mm/dd/yyyy)	e. Amount
			10.79
			\$
			\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
h. If Not-for-Profit, list Fed ID #:			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment
		d. Date (mm/dd/yyyy)	e. Amount
			\$
			\$
			\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
h. If Not-for-Profit, list Fed ID #:			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment
		d. Date (mm/dd/yyyy)	e. Amount
			\$
			\$
			\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
h. If Not-for-Profit, list Fed ID #:			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment
		d. Date (mm/dd/yyyy)	e. Amount
			\$
			\$
			\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
h. If Not-for-Profit, list Fed ID #:			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment
		d. Date (mm/dd/yyyy)	e. Amount
			\$
			\$
			\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
h. If Not-for-Profit, list Fed ID #:			
5. Total only this Page			\$ 10.79
6. Total of ALL CRO-1250 Related Pages (only show on last page)			\$ 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)			

Loan Proceeds

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1. Name of Committee or Fund				2. ID Number	
Walter Marshall Campaign					
3. Lender	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
	N/A	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	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/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	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/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	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/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	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/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	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/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	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/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
4. Total only this Page					\$
5. Total of ALL CRO-1410 Pages (only show on last page)					\$
(This line must be on line 9 of Detailed Summary Page CRO-1100)					

Loan Repayments

1. Name of Committee or Fund				2. ID Number	
Walter Marshall Campaign					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
	N/A	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Total only this Page				\$	
5. Total of ALL CRO-1420 Pages (only show on last page)				\$	
(This line must be on line 14 of Detailed Summary Page CRO-1100)					