

## 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 <i>Marilyn Parker Re-election Committee</i>			6. Date <i>7/1/02</i>	
2. Address <i>1776 Robinhood Road</i>			7. ID Number	
3. City <i>Winston-Salem</i>	4. State <i>NC</i>	5. Zip <i>27104</i>	8. Phone <i>336/748-5268</i>	
9. Type of Report <i>2002 Second Quarter Report</i>			10. Period Covered Start <i>4/21/02</i> End <i>6/30/02</i>	
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 <i>Catherine R. Johnson</i>				
14. Assistant Treasurer Name(s)				
15. Custodian of Books Name <i>Catherine R. Johnson</i>				
16. Bank/Depository/Credit Account Information				
a. Name	b. Purpose	c. Code	d. Period Begin Balance	
<i>Southern Community Bk</i>	<i>Campaign Contribution</i>		<i>\$ 115.00</i>	
<i>Acct # <del>00000000</del></i>	<i>and expenditures</i>		<i>\$</i>	
			<i>\$</i>	
			<i>\$</i>	
			<i>\$</i>	
			<i>\$</i>	

### 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.

*Catherine R. Johnson*  
\_\_\_\_\_  
Signature of Appointed Treasurer or Candidate

*7/1/02*  
\_\_\_\_\_  
Date

## Detailed Summary

<b>1. Name of Committee or Fund</b> Marilyn Parker Reelection Committee		<b>2. Type of Report</b> 2002 Second Quarter		<b>3. ID Number</b>	
<b>Start of Election Cycle: January 1, 2002</b>				<b>Total this Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start of Election Cycle					\$ 6
5) Cash on Hand at Start of Present Reporting Period				\$ 115.00	
<b>RECEIPTS</b>					
6) Contributions from Individuals		(CRO-1210)	\$ 710.00	\$	
7) Contributions from Political Party Committees		(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees		(CRO-1230)	\$	\$	
9) Loan Proceeds		(CRO-1410)	\$	\$	
10) Refunds and Reimbursements TO the Committee		(CRO-1240)	\$	\$	
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)	\$	\$	
12) "Goods and Services" Contributions		(CRO-1260)	\$	\$	
13) Contributions based on Forgiven Loans		(CRO-1440)	\$	\$	
14) 48-Hour Notice Reports Sum			\$	\$	
15) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)			\$ 710.00	\$	
<b>EXPENDITURES</b>					
16) Disbursements		(CRO-1310)			
16a) Operating Expenditures		(CRO-1310)	\$ 772.13	\$	
16b) Contributions to Candidates/Political Committees		(CRO-1310)	\$	\$	
16c) Coordinated Party Expenditures		(CRO-1310)	\$	\$	
17) Loan Repayments		(CRO-1420)	\$	\$	
18) Forgiven Loans		(CRO-1440)	\$	\$	
19) Refunds and Reimbursements FROM the Committee		(CRO-1320)	\$	\$	
20) In-Kind Contributions		(CRO-1510)	\$	\$	
21) TOTAL EXPENDITURES (Add lines 16a, 16b, 16c, 17, 18, 19, and 20)			\$	\$	
22) 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)			\$ 52.87	\$	
<b>Additional Information</b>					
23) Non-Monetary Gifts Given to Committees		(CRO-1330)	\$		
24) Outstanding Loans (including ones from other campaigns)		(CRO-1430)	\$ 84.37		
25) Debts and Obligations owed BY the Committee		(CRO-1610)	\$		
26) Debts and Obligations owed TO the Committee		(CRO-1620)	\$		
27) Parent Entity's Administrative Support		(CRO-1710)	\$		
28) Account Transfers		(CRO-1720)	\$		

CRO-1100

NC State Board of Elections

June 2002

# Contributions from INDIVIDUALS

Page 1 of 3

1. Name of Committee or Fund				2. ID Number			
Marilyn Parker Re-election 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
	Richard Pate 1437 Capej Road Winstm-Salem NC 27103 3361724-7249	<del>00000000</del>	CASH	06/16/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20.00
	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				\$ 20.00			
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
	Diane C. Cherney 500 Knollwood St Winstm-Salem NC 27103	<del>00000000</del>	check	06/16/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	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				\$ 50.00			
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
	Ana Lea Howell 2470 Atwood Road Winstm-Salem NC 27103 3361768-6969	<del>00000000</del>	check	06/16/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 15.00
	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				\$ 15.00			
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
	Rebecca McKenzie 2815 Old Salisbury Rd Winstm-Salem NC 27127 3361788-6239	<del>00000000</del>	check	06/13/2002	<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			
<input type="checkbox"/> Add <input type="checkbox"/> 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
	Dr+Mes Stephen Anderson 923 Kenleigh Circle Winstm-Salem, NC 27106 3361721-1821	<del>00000000</del>	check	06/16/2002	<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			
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 200.00			
4. Total only this Page							\$ 385.00
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

Page 2 of 2

1. Name of Committee or Fund				2. ID Number			
Marilyn Parker Re-election 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
	Jesse B Collins II Rose H Collins 7450 Shallowford Rd Lewisville NC 27023 336/1945-9716	<del>1002000000</del>	check	06/12/2002	<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	
				<input type="checkbox"/> Add <input type="checkbox"/> 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
	Mary Tatum 4410 Archer Road Winston-Salem NC 27106 336/768 4845	<del>1002000000</del>	check	06/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	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		\$ 50.00	
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
	Melinda B Engstrom 521 Sun Creek Dr. Winston-Salem NC 27104 336/768 6876	<del>1002000000</del>	check	06/18/2002	<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	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
	Audrey Anderson 4367 Peaceford Glen Dr. High Point NC 27265 336/841-7190	<del>1002000000</del>	check	06/17/2002	<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	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
	Lisa Fox 452 Roslyn Road Winston-Salem NC 27104 336/725-4902	<del>1002000000</del>	check	06/09/2002	<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	
4. Total only this Page							\$ 225.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 225.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							\$ 225.00

# Contributions from INDIVIDUALS

Page 3 of 3

1. Name of Committee or Fund				2. ID Number			
Marilyn PARKER Reelection 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
	Ann Austin Flynt 105 Prestwick Manor Ct Winston Salem NC 27104 336/774-1056	<del>1000000000</del>	check	06/19/2002	<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	
				<input type="checkbox"/> Add <input type="checkbox"/> 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
					<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	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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Total only this Page						\$ 100.00	
5. Total of ALL CRO-1210 Pages (only show on last page)						\$ 710.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

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NC State Board of Elections

February 2002

# Disbursements

Page 1 of 1

<b>1. Name of Committee or Fund</b> Marilyn Parker Reelection Committee						<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursements.)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	A- Quality Printers Inc PO Box 20487 Winston-Salem NC 27120 336 1748 8836		500 political signs	<del>00000000</del>	Check	06/21/2002	\$ 772.13
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 772.13
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
	<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Exp, list Cand/Comm:</b>		<b>i. If Amendment, choose change type:</b>		<b>j. Election Cycle Sum To Date</b>
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
<b>5. Total only this Page</b>						\$ 772.13	
<b>6. Total of ALL CRO-1310 Related Pages</b> (only show on last page)						\$ 772.13	
(This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 16c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							

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NC State Board of Elections

June 2002

# Outstanding Loans

Page 1 of 1

1. Name of Committee or Fund <i>Marilyn Parker Re-election Committee</i>			2. ID Number		
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy) <i>9/26/02</i>	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$ <i>84.37</i>
	<i>Marilyn Parker 3090 Copeland Road Winston-Salem NC 27103 336/760-0462</i>	e. Job Title/Profession <i>DIRECTOR</i>	f. Employer's Name/Specific Field <i>Ardmore TTW School</i>		i. Loan Balance \$ <i>84.37</i>
		g. Security Pledged			
		j. 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 %
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$
		g. Security Pledged			
		j. 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 %
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$
		g. Security Pledged			
		j. 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 %
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$
		g. Security Pledged			
		j. 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 %
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$
		g. Security Pledged			
		j. 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 %
		e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance \$
		g. Security Pledged			
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			
4. Total only this Page					\$
5. Total of ALL CRO-1430 Pages (only show on last page)					\$
(This line must be on line 20 of Detailed Summary Page CRO-1100)					