

COPY

Disclosure Report Cover Sheet

WISCONSIN COUNTY

BOARD OF ELECTIONS

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 Tackabery For School Board				6. Date 10/21/2002	
2. Address 3109 Gladstonbury Rd.				7. ID Number [REDACTED]	
3. City Winston-Salem		4. State NC	5. Zip 27104	8. Phone 336-768-2501	
9. Type of Report 2002 Third Quarter Plus Report				10. Period Covered Start 8-25-02 End 10-19-02	
11. Amendment <input checked="" type="checkbox"/> Yes <input 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 Marianne Bach					
14. Assistant Treasurer Name(s) Sheryl Stroe					
15. Custodian of Books Name Marianne Bach					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
Southern Community Bank	Fundraising/Expenses		\$ 6,696.62		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

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.

Marianne Bach
Signature of Appointed Treasurer or Candidate

10/21/02
Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Tackabery For School Board		2002 3 rd Qtr. Plus		[REDACTED]	
Start of Election Cycle: January 1, 2002		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$ - 0 -		
5) Cash on Hand at Start of Present Reporting Period		\$ 6,696.62			
RECEIPTS					
6) Contributions from Individuals (CRO-1210)		\$ 600.-	\$ 14,045.24		
7) Contributions from Political Party Committees (CRO-1220)		\$ -	\$ -		
8) Contributions from Other Political Committees (CRO-1230)		\$ -	\$ -		
9) Loan Proceeds (CRO-1410)		\$ -	\$ 3,909.49		
10) Refunds & Reimbursements to Committee (CRO-1240)		\$ -	\$ -		
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$ 3.84	\$ 19.99		
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ -	\$ -		
11c) Outside Sources of Income (CRO-1250)		\$ -	\$ -		
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 603.84	\$ 17,974.72		
EXPENDITURES					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)		\$ 5,432.44	\$ 16,106.70		
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ -	\$ -		
13c) Coordinated Party Expenditures (CRO-1310)		\$ -	\$ -		
14) Loan Repayments (CRO-1420)		\$ 1,300.-	\$ 1,300.-		
15) Refunds from Committee (CRO-1320)		\$ -	\$ -		
16) In-Kind Contributions (CRO-1510)		\$ -	\$ -		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 6,732.44	\$ 17,406.70		
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 line 17)		\$ 568.02	\$ 568.02		
Additional Information					
19) Non-Monetary Gifts Given to Committees (CRO-1330)		\$			
20) Outstanding Loans (including ones from other campaigns) (CRO-1430)		\$ 2,609.49			
21) Debts and Obligations owed BY the Committee (CRO-1610)		\$			
22) Debts and Obligations owed TO the Committee (CRO-1620)		\$			
23) Parent Entity's Administrative Support (CRO-1710)		\$			

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
Tackabery for School Board								
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	
	Kim Kelly Mann 509 Westover Ave. Winston-Salem, NC 27104 724-6645		ck.	08/24/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.-	
	b. Job Title/Profession						\$	
	c. Employer's Name/Specific Field						\$	
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	
	Robert Tally 604 Archer Rd. Winston-Salem, NC 27106 768-0811		ck.	08/27/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.-	
	b. Job Title/Profession						\$	
	c. Employer's Name/Specific Field						\$	
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	
	Sudonna Drake 474 N. Avalon Rd. Winston-Salem, NC 27104 334-723-0078		ck.	09/04/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.-	
	b. Job Title/Profession						\$	
	c. Employer's Name/Specific Field						\$	
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	
	Marianne Bach 332 Beechcliff Ct. Winston-Salem, NC 27104 334-760-3248		ck.	09/08/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.-	
	b. Job Title/Profession						\$	
	c. Employer's Name/Specific Field						\$	
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	
	Delores Sanders 431 Briarlea Rd. Winston-Salem, NC 27104 659-1582		ck.	9/9/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.-	
	b. Job Title/Profession						\$	
	c. Employer's Name/Specific Field						\$	
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							\$ 400.-	
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		
Tackabery for School Board									
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		
	Cynthia Gross 4118 Chatham Hill Dr. Winston-Salem, NC 27104		CR.	10/1/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.-		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
Stock broker							\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
Moran Stanley Dean/Editor							<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		
	James A. Hayes, Jr. 7712 Low Oak Rd. Clemmons, NC 27012 336-764-4094		CR.	10/11/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.-		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
owner - Quik-hube							\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							<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"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
							\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							<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"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
							\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							<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"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
							\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete		
4. Total only this Page							\$ 200.-		
5. Total of ALL CRO-1210 Pages							\$ 600.-		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Other Receipt Sources

1. Name of Committee or Fund		2. ID Number		
Tackabery For School Board		[REDACTED]		
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)				
Interest		Contributions from Not-for-Profit Organizations		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	d. Date (mm/dd/yyyy)
	Southern Community Bk.	[REDACTED]	auto	08/30/02
	P.O. Box 26134	[REDACTED]	dep.	
	Winston-Salem, NC 27114		auto	09/30/02
	336-768-8500			
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
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)
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
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)
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
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)
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
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)
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		
5. Total only this Page				\$ 3.84
6. Total of ALL CRO-1250 Related Pages (only show on last page)				\$ 3.84
(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)				

CRO-1250

NC State Board of Elections

June 2002

Disbursements

1. Name of Committee or Fund Tackabery for School Board						2. ID Number [REDACTED]	
3. Type of Disbursement (Please use separate CRO-1330 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	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Horn + Shonach 315 N. Spruce St. Winston-Salem, NC 27101 (336) 721-2992		Campaign planning & materials	[REDACTED]	ck	09/23/02	\$5432.44
4. Payee	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
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
4. Payee	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
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
4. Payee	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
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
4. Payee	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
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
4. Payee	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
					<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
5. Total only this Page						\$5432.44	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$5432.44	
(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)							

Loan Repayments

1. Name of Committee or Fund				2. ID Number	
Tackabery For School Board				[REDACTED]	
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	
	Jill A. Tackabery 3109 Gladstonbury Winston-Salem, NC 336-768-2501 27104	03/07/2002	9/30/02	[REDACTED]	
	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment		
	\$3,909.49	\$2,609.49	i. Repayment Amount		
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			j. Repayment Amount	
				\$1300.00	
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			j. Repayment Amount	
				\$	
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			j. Repayment Amount	
				\$	
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			j. Repayment Amount	
				\$	
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			j. Repayment Amount	
				\$	
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			j. Repayment Amount	
				\$	
4. Total only this Page				\$ 1300.00	
5. Total of ALL CRO-1420 Pages (only show on last page)				\$ 1,300.00	
(This line must be on line J4 of Detailed Summary Page CRO-1100)					

Outstanding Loans

Page 1 of 1

1. Name of Committee or Fund			2. ID Number		
Tackabery For School Board			[REDACTED]		
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	h. Original Loan Amount
	Jill A. Tackabery 309 Gladstonbury Winston-Salem, NC 27104 336-768-2501	03/01/2002		0 %	\$ 3909.49
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	candidate				
	g. Security Pledged	none		\$ 2609.49	
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	h. Original Loan Amount
				%	\$
	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	h. Original Loan Amount
				%	\$
	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	h. Original Loan Amount
				%	\$
	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	h. Original Loan Amount
				%	\$
	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	h. Original Loan Amount
				%	\$
	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	h. Original Loan Amount
				%	\$
	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					\$ 2609.49
5. Total of ALL CRO-1430 Pages (only show on last page)					\$ 2609.49
(This line must be on line 24 of Detailed Summary Page CRO-1100)					