

## Disclosure Report Cover Sheet

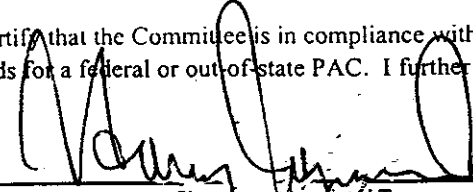
**COPY**

Please note that this cover sheet cannot be used to amend committee information, including 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 <b>Walter Marshall Campaign</b>		5. Date <b>9/2/02</b>		6. Date <b>9/2/02</b>	
2. Address <b>1500 Reynard Dr.</b>		4. State <b>N.C.</b>		5. Zip <b>27284</b>	
3. City <b>Kernersville</b>		7. ID Number		8. Phone <b>336-996-2218</b>	
9. Type of Report <b>3rd Quarter 2002</b>		10. Period Covered Start End		11. Amendment <input 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"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> Soft Money Account	
<input type="checkbox"/> Other Fund:				<input type="checkbox"/> "Booster Fund"	
				<input type="checkbox"/> Building Fund	
13. Treasurer Name <b>Harry James Jr 1500 Reynard Dr. Kernersville, N.C. 27284</b>					
14. Assistant/Treasurer Name(s) <b>Harold L James 1500 Reynard Dr. Kernersville, N.C. 27284</b>					
15. Custodian of Books Name <b>SAV#</b>					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
<b>Mechanics + Farmers Bank</b>	<b>Savings Account</b>		<b>\$1860.88</b>		
			\$		
			\$		
			\$		
			\$		
			\$		

## 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

**9-2-02**  
Date

## Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Walter Marshall Campaign					
Start of Election Cycle: January 1, 20		July 1 to Sept 1, 02		Total this Period	Total this Election Cycle
4) Cash on Hand at Start of Election Cycle				\$1835.88	\$2959.44
5) Cash on Hand at Start of Present Reporting Period					
<b>RECEIPTS</b>					
6) Contributions from Individuals	(CRO-1210)	\$25.00	\$4793.69		
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	\$6		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$0	\$28.41		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$0	\$0		
11c) Outside Sources of Income	(CRO-1250)	\$0	\$0		
12) TOTAL RECEIPTS		\$1860.88	\$2984.44		
(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)					
<b>EXPENDITURES</b>					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$1123.56	\$2932.81		
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		\$1123.56	\$2932.81		
(Add lines 13a, 13b, 13c, 14, 15, and 16)					
18) Cash on Hand at End of Reporting Period		\$1860.88	\$2984.44		
(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)					
<b>Additional Information</b>					
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					
<b>Walter Marshall Campaign</b> a. Full Name, Mailing Address & Phone (include city, state, & zip) Adele M. Burney 3240 Cumberland Rd Winston-Salem, N.C. 27105 b. Job Title/Profession <u>Retired School</u> <u>Teacher</u> c. Employer's Name/Specific Field <u>Winston-Salem Forsyth County Schools</u>						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						<del>08/13/02</del> Check	8/13/02	<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	
								<input type="checkbox"/>	<input type="checkbox"/>	\$	
								<input type="checkbox"/>	<input type="checkbox"/>	\$	
								<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						\$					
a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession c. Employer's Name/Specific Field						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"/>	\$
									<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						\$					
a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession c. Employer's Name/Specific Field						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"/>	\$
									<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						\$					
a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession c. Employer's Name/Specific Field						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"/>	\$
									<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						\$					
a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession c. Employer's Name/Specific Field						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"/>	\$
									<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						\$25.00					
5. Total of ALL CRO-1210 Pages						\$25.00					
(This line must be on line 6 of Detailed Summary Page CRO-1100)											

## Disbursements

1. Name of Committee or Fund						2. ID Number	
Walter Marshall Campaign							
(Please use separate CRO-1330 forms for each type of Disbursements.)							
3. Type of Disbursement				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/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	
4. Payee Black Theater Banquet 810 Coliseum Dr Winston-Salem, N.C. 27105		Dinners (Banquet)	<del>67000000</del>	Check	7/13/02	\$ 90.00	
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 90.00	
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 Political U.S.A. Co P.O. Box 603 Harris, N.Y. 12742-0603		Campaign Posters		Check	7/26/02	\$ 1033.56	
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		\$	
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		\$	
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		\$	
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		\$	
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						\$	
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)							

## 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)					

## In-Kind Contributions

1. Name of Committee or Fund		2. ID Number		
Walter Marshall Campaign				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
	N/A			\$
				\$
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$
				\$
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$
				\$
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$
				\$
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$
				\$
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$
				\$
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$
4. Total only this Page				\$
5. Total of ALL CRO-1510 Pages (only show on last page)				\$
(This line must be on line 16 of Detailed Summary Page CRO-1100)				

## Outstanding Loans

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 %	h. Original Loan Amount \$
	N/A	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					\$
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)					

## Loan Proceeds

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)							



## 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.)				Outside Sources of Income	
Interest				Contributions from Not-for-Profit Organizations	
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
	N/A				\$
4. Contributor	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
					\$
4. Contributor	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
					\$
4. Contributor	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
					\$
4. Contributor	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
					\$
4. Contributor	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					\$10.44
6. Total of ALL CRO-1250-Related Pages (only show on last page)					\$10.44
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)					
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