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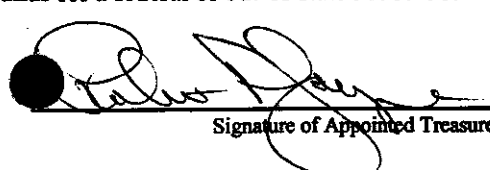
Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, tant 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 Row Barker for Sheriff				6. Date 9/3/02	
2. Address 212 Cokesbury Dr.				7. ID Number	
3. City KERNERSVILLE		4. State NC	5. Zip 27284	8. Phone 748-4100	
9. Type of Report 2002 Interim Report			10. Period Covered Start 6/30/02 End 8/24/02		11. Amendment ☐ Yes ☒ No
12. Type of Committee or Fund (Check one)					
☒ Candidate Campaign ☐ Party ☐ Joint Fundraiser ☐ "Booster Fund"					
☐ PAC ☐ Referendum ☐ Soft Money Account ☐ Building Fund					
☐ Other Fund: _____					
13. Treasurer Name Robert F. Joyce 330 Fisher Rd. W.S. 27127					
14. Assistant Treasurer Name(s) N/A					
15. Custodian of Books Name Robert F. Joyce P.O. Box 21089 W.S. 27120					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
Wachovia	Checking Account		\$ 34,408.06		
			\$		
			\$		
			\$		
			\$		
			\$		

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

9/3/02
Date

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Ron Barker for Sheriff		2002 Interim Report			
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			\$17,739.74		
5) Cash on Hand at Start of Present Reporting Period		\$34,408.06			
RECEIPTS					
6) Contributions from Individuals	(CRO-1210)	\$6,445.00	\$47,040.00		
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)	\$ 0	\$ 0		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0		
12) TOTAL RECEIPTS		\$6,445.00	\$47,040.00		
(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)					
EXPENDITURES					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$33,995.48	\$57,922.16		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$1,000.00	\$1,000.00		
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		\$33,995.48	\$57,922.16		
(Add lines 13a, 13b, 13c, 14, 15, and 16)					
18) Cash on Hand at End of Reporting Period		\$6,857.58	\$6,857.58		
(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)	\$			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$			
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)	\$			

Disbursements

Page 1 of 4

1. Name of Committee or Fund <u>Don Barker for Sheriff</u>						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
☐ Operating Expenses		☐ Contributions to Candidates/Political Committees		☐ 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
	<u>Fairway Outdoor Advertising</u> <u>P.O. Box 60125</u> <u>Charlotte NC 28260</u>		<u>5 Billboards</u>	XXXXXXXXXX	<u>Check</u>	<u>7/15/02</u>	<u>\$2950.00</u>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: ☐ Add ☐ Delete		j. Election Cycle Sum To Date \$ <u>5900.00</u>	
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
	<u>Wooten Graphics</u> <u>P.O. Box 818</u> <u>WELFORD, N.C.</u>		<u>Signs</u>	XXXXXXXXXX	<u>Check</u>	<u>7/15/02</u>	<u>\$926.55</u>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: ☐ Add ☐ Delete		j. Election Cycle Sum To Date \$ <u>3989.49</u>	
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
	<u>Dole NC Victory Committee</u> <u>P.O. Box 18502</u> <u>GREENSBORO, N.C. 27419</u>		<u>DONATION</u>	XXXXXXXXXX	<u>Check</u>	<u>7/19/02</u>	<u>\$1000.00</u>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: ☐ Add ☐ Delete		j. Election Cycle Sum To Date \$ <u>1250.00</u>	
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
	<u>Excalibur</u> <u>P.O. Box 7372</u> <u>W.S. 27109</u>		<u>Mailing</u>	XXXXXXXXXX	<u>Check</u>	<u>7/19/02</u>	<u>\$2658.13</u>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: ☐ Add ☐ Delete		j. Election Cycle Sum To Date \$ <u>3346.16</u>	
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
	<u>PR Stump and Stuff</u> <u>114-M REYNOLDA Village</u> <u>W.S., N.C. 27106</u>		<u>Emery boards</u>	XXXXXXXXXX	<u>Check</u>	<u>7/19/02</u>	<u>\$289.18</u>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: ☐ Add ☐ Delete		j. Election Cycle Sum To Date \$ <u>---</u>	
5. Total only this Page						<u>\$0,023.86</u>	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							
(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)							

Disbursements

Page 2 of 4

1. Name of Committee or Fund Ron Barker for Sheriff						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
☐ Operating Expenses		☐ Contributions to Candidates/Political Committees		☐ Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip) TIME WARNER Cable Advert 200 CENTRE PARK DR SUITE 200 GREENSBORO, NC 27409		d. Purpose TV Buy AND Production	e. Account Number/Code XXXXXXXXXX	f. Form of Payment Check	g. Date (mm/dd/yyyy) 7/24/02	h. Amount \$ 7103.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: ☐ Add ☐ Delete		
					j. Election Cycle Sum To Date \$ 7248.00		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip) Associated Posters Inc PO. Box 255 W-S. 27102		d. Purpose Billboard Repair	e. Account Number/Code XXXXXXXXXX	f. Form of Payment Check	g. Date (mm/dd/yyyy) 8/21/02	h. Amount \$ 201.29
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: ☐ Add ☐ Delete		
					j. Election Cycle Sum To Date \$ 1313.07		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip) Vector Survey Supply 327 South Rd. High Point, NC 27262		d. Purpose STAKES	e. Account Number/Code XXXXXXXXXX	f. Form of Payment Check	g. Date (mm/dd/yyyy) 8/2/02	h. Amount \$ 363.17
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: ☐ Add ☐ Delete		
					j. Election Cycle Sum To Date \$ 1321.67		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip) FOX 8 WGHP HP-8 High Point 27261		d. Purpose TV Buy	e. Account Number/Code XXXXXXXXXX	f. Form of Payment Check	g. Date (mm/dd/yyyy) 8/5/02	h. Amount \$ 234.25
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: ☐ Add ☐ Delete		
					j. Election Cycle Sum To Date \$		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip) KERNERSVILLE NEWS P.O. Box 337 KERNERSVILLE 27285		d. Purpose Ad Buy	e. Account Number/Code XXXXXXXXXX	f. Form of Payment Check	g. Date (mm/dd/yyyy) 8/6/02	h. Amount \$ 500.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: ☐ Add ☐ Delete		
					j. Election Cycle Sum To Date \$		
5. Total only this Page						\$ 11,546.71	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$	
(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)							

Disbursements

Page 3 of 4

1. Name of Committee or Fund Rox Barker for Sheriff						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
☐ Operating Expenses		☐ Contributions to Candidates/Political Committees		☐ 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
	U.S. Postmaster 200 TOWN RUN LANE W-S. 27101		BOX RENT AND STAMPS	XXXXXXXXXX	Check	8/6/02	\$ 85.00
	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		\$ 289.64
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
	WXL TV PO. BOX 11847 200 COLISEUM DR W-S. 27116		TV. BOY	XXXXXXXXXX	Check	8/7/02	\$4335.00
	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		\$
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
	Graphic Rewards PO. Box 1166 King. 27021		Printing Mailer	XXXXXXXXXX	Check	8/7/02	\$ 1423.91
	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		\$ 1737.02
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
	Clemmons Courier PO. Box 765 Clemmons 27012		AD Boy	XXXXXXXXXX	Check	8/8/02	\$ 456.00
	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		\$
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
	105 ENGINEER GROUP NON APPR. FUND 2000 SILAS CREEK PKWY W-S. 27103		Armory Rent	XXXXXXXXXX	Check	8/22/02	\$ 500.00
	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		\$
5. Total only this Page						\$ 6,799.91	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$	
(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)							

Disbursements

Page 4 of 4

1. Name of Committee or Fund Row Barker for Sheriff						2. ID Number		
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)								
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures								
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip) Rainbow Catering 3140 MacBRANDON LN. PFAFFTOWN 27040			d. Purpose CATERING FF.	e. Account Number/Code XXXXXXXXXX	f. Form of Payment Check	g. Date (mm/dd/yyyy) 8/22/02	h. Amount \$5625.00
	b. If Contribution to County Committee, specify:			c. If Coordinated Party Expense, list office:			j. Election Cycle Sum To Date \$	
	i. If Amendment, choose change type: ☐ Add ☐ 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 \$
	b. If Contribution to County Committee, specify:			c. If Coordinated Party Expense, list office:			j. Election Cycle Sum To Date \$	
	i. If Amendment, choose change type: ☐ Add ☐ 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 \$
	b. If Contribution to County Committee, specify:			c. If Coordinated Party Expense, list office:			j. Election Cycle Sum To Date \$	
	i. If Amendment, choose change type: ☐ Add ☐ 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 \$
	b. If Contribution to County Committee, specify:			c. If Coordinated Party Expense, list office:			j. Election Cycle Sum To Date \$	
	i. If Amendment, choose change type: ☐ Add ☐ 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 \$
	b. If Contribution to County Committee, specify:			c. If Coordinated Party Expense, list office:			j. Election Cycle Sum To Date \$	
	i. If Amendment, choose change type: ☐ Add ☐ Delete							
5. Total only this Page								\$5625.00
6. Total of ALL CRO-1310 Related Pages (only show on last page) (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)								32,995.48 (1000.00) 0 \$33,995.48

Contributions from INDIVIDUALS

Page 1 of 6

1. Name of Committee or Fund				2. ID Number					
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
	Row Barker for Sheriff								
	Scott Livingood 3504 Stonegate Dr W.S. 27104			XXXXXXXXXX	Check	7/6/02	☐	☐	\$ 2000.00
							☐	☐	\$
3. Contributor	b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
	President Doughnuts			☐ Add ☐ Delete			\$ 2000.00		
	c. Employer's Name/Specific Field								
	Self Barker								
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
	Kenneth Reece 5097 Cobblestone Rd. W.S. 27106			XXXXXXXXXX	Check	7/24/02	☐	☐	\$ 500.00
							☐	☐	\$
							☐	☐	\$
3. Contributor	b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
	Owner			☐ Add ☐ Delete			\$ 500.00		
	c. Employer's Name/Specific Field								
	Self Food/Beverage								
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
	Stephen Tuttle 8100 Easley Rd Walnut Cove 27052			XXXXXXXXXX	Check	7/29/02	☐	☐	\$ 100.00
							☐	☐	\$
							☐	☐	\$
3. Contributor	b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
	Deputy			☐ Add ☐ Delete			\$ 200.00		
	c. Employer's Name/Specific Field								
	Law Enforcement/Detention								
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
	Jerry Herron 2060 Saponi Village Ct W.S. 27127			XXXXXXXXXX	Check	8/2/02	☐	☐	\$ 100.00
							☐	☐	\$
							☐	☐	\$
3. Contributor	b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
	Deputy			☐ Add ☐ Delete			\$ 200.00		
	c. Employer's Name/Specific Field								
	Law Enforcement								
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
	Nancy Wooten 102 W 3rd St Suite 210 W.S. 27101			XXXXXXXXXX	Check	7/9/02	☐	☐	\$ 100.00
							☐	☐	\$
							☐	☐	\$
3. Contributor	b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
				☐ Add ☐ Delete			\$ 100.00		
	c. Employer's Name/Specific Field								
4. Total only this Page									\$ 2800.00
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 6

1. Name of Committee or Fund				2. ID Number					
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
	Key Moser 1020 Valley Village Rd. KERNERSVILLE N.C. 2784			XXXXXXXXXX	Check	7/11/02	☐	☐	\$ 100.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
			☐ Add ☐ 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
	David Dillon P.O. Box 444 KERNERSVILLE 27285			XXXXXXXXXX	Check	4/30/02	☐	☐	\$ 30.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
			☐ Add ☐ Delete			\$ 30.00			
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
	F.T. Tilley, Jr. 6315 Providence Ch. Rd. W.S. 27105			XXXXXXXXXX	Check	8/14/02	☐	☐	\$ 800.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
Automotive			☐ Add ☐ Delete			\$ 800.00			
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
	William R. Oliver 336 Virginia Dr. Yadkinville 87055			XXXXXXXXXX	Check	8/15/02	☐	☐	\$ 300.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
Law Enforcement			☐ Add ☐ Delete			\$ 300.00			
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
	Jerry Chapman 5332 Old Hwy 421 East Bend 27018			XXXXXXXXXX	Check	8/13/02	☐	☐	\$ 200.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field			j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
Vending / Vendo Machines			☐ Add ☐ Delete			\$ 200.00			
4. Total only this Page									\$ 1430.00
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 3 of 6

1. Name of Committee or Fund				2. ID Number					
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
	DONNIE MAINES 404 CARPENTER AVE W.S. 27107			XXXXXXXXXX	Check	8/5/02	☐	☐	\$200.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field						☐	☐	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date					
				☐ Add ☐ 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
	Ricky Clayton 8701 Crestbrook Rd. Rural Hall 27045			XXXXXXXXXX	Check	8/15/02	☐	☐	\$150.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field						☐	☐	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date					
				☐ Add ☐ Delete		\$150.00			
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
	Charles Crosby 221 Cathi Lane Kernersville 27284			XXXXXXXXXX	Check	8/8/02	☐	☐	\$100.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field						☐	☐	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date					
				☐ Add ☐ Delete		\$150.00			
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
	Phyllis Hartgrove 5571 Club Knoll Rd. W.S. 27105			XXXXXXXXXX	Check	8/9/02	☐	☐	\$60.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field						☐	☐	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date					
				☐ Add ☐ Delete		\$60.00			
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
	Donald Thomas 5030 QUEENSWAY RD. W.S. 27127			XXXXXXXXXX	Check	8/16/02	☐	☐	\$50.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field						☐	☐	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date					
				☐ Add ☐ Delete		\$50.00			
4. Total only this Page									\$560.00
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 4 of 6

1. Name of Committee or Fund				2. ID Number					
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
	Perry Burleson 2115 PEACE HAVEN RD. W.S. 27106			XXXXXXXXXX	Check	9/15/02	☐	☐	\$ 50.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field						☐	☐	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				☐ Add ☐ 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
	Tony Dillon			XXXXXXXXXX	Check	8/15/02	☐	☐	\$ 50.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field						☐	☐	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				☐ Add ☐ 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
	James Elliott			XXXXXXXXXX	Check	8/15/02	☐	☐	\$ 50.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field						☐	☐	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				☐ Add ☐ 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
	John Tayloe			XXXXXXXXXX	Check	8/15/02	☐	☐	\$ 50.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field						☐	☐	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				☐ Add ☐ 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
	Jonathan Bambalis			XXXXXXXXXX	Check	8/6/02	☐	☐	\$ 25.00
	b. Job Title/Profession						☐	☐	\$
	c. Employer's Name/Specific Field						☐	☐	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				☐ Add ☐ Delete		\$ 25.00			
4. Total only this Page									\$ 225.00
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 5 of 6

1. Name of Committee or Fund				2. ID Number			
Rev Barker for Sheriff							
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
	CAROL BENNETT	XXXXXXXXXX	Check	8/13/02	☐	☐	\$ 25.00
					☐	☐	\$
					☐	☐	\$
b. Job Title/Profession					☐	☐	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		☐ Add ☐ 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
	CHARLES BEAN	XXXXXXXXXX	Check	8/15/02	☐	☐	\$ 20.00
					☐	☐	\$
					☐	☐	\$
b. Job Title/Profession					☐	☐	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		☐ Add ☐ 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
	Shirley Hutchens	XXXXXXXXXX	Check	8/15/02	☐	☐	\$ 10.00
					☐	☐	\$
					☐	☐	\$
b. Job Title/Profession					☐	☐	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		☐ Add ☐ Delete		\$ 10.00			
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
	LARRY CALLAHAN 935 E. MOUNTAIN ST. STE 4 KERNERSVILLE 27284	XXXXXXXXXX	Check	8/20/02	☐	☐	\$ 500.00
					☐	☐	\$
					☐	☐	\$
b. Job Title/Profession					☐	☐	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
SELF LAND SURVEYOR		☐ Add ☐ Delete		\$ 500.00			
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
	LESLIE MITCHELL 163 OAKMONT DR KERNERSVILLE 27284	XXXXXXXXXX	Check	8/21/02	☐	☐	\$ 500.00
					☐	☐	\$
					☐	☐	\$
b. Job Title/Profession					☐	☐	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
SELF REAL ESTATE		☐ Add ☐ Delete		\$ 500.00			
4. Total only this Page							\$ 1055.00
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 6 of 6

1. Name of Committee or Fund				2. ID Number			
Pen Barker for Sheriff							
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
	Vicki Crutchfield 1020 Branchwood Dr KERNERSVILLE 27284	XXXXXXXXXX	Check	8/24/02	☐	☐	\$ 250.00
					☐	☐	\$
					☐	☐	\$
3. Contributor	b. Job Title/Profession				☐	☐	\$
	Computers				☐	☐	\$
	c. Employer's Name/Specific Field				☐	☐	\$
	Montage Insurance				☐	☐	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
☐ Add ☐ Delete				\$ 250.00			
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
	THAD LEWALLEN 757 Arbor Rd W.S. 27104	XXXXXXXXXX	Check	8/21/02	☐	☐	\$ 100.00
					☐	☐	\$
					☐	☐	\$
3. Contributor	b. Job Title/Profession				☐	☐	\$
					☐	☐	\$
	c. Employer's Name/Specific Field				☐	☐	\$
					☐	☐	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
☐ Add ☐ 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
	EUGENE SELF	XXXXXXXXXX	Check	8/22/02	☐	☐	\$ 25.00
					☐	☐	\$
					☐	☐	\$
3. Contributor	b. Job Title/Profession				☐	☐	\$
					☐	☐	\$
	c. Employer's Name/Specific Field				☐	☐	\$
					☐	☐	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
☐ Add ☐ 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
					☐	☐	\$
					☐	☐	\$
					☐	☐	\$
3. Contributor	b. Job Title/Profession				☐	☐	\$
					☐	☐	\$
	c. Employer's Name/Specific Field				☐	☐	\$
					☐	☐	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
☐ Add ☐ 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
					☐	☐	\$
					☐	☐	\$
					☐	☐	\$
3. Contributor	b. Job Title/Profession				☐	☐	\$
					☐	☐	\$
	c. Employer's Name/Specific Field				☐	☐	\$
					☐	☐	\$
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
☐ Add ☐ Delete				\$			
4. Total only this Page						\$ 375.00	
5. Total of ALL CRO-1210 Pages (only show on last page)						\$ 6445.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

In-Kind Contributions

1. Name of Committee or Fund		2. ID Number	
Roy Barker for Sheriff			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
	N/A		e. Fair Market Amount
			\$
			\$
b. Type of Contributor		f. If Amendment, choose change type:	
☐ Individual ☐ Party Committee ☐ Other Political Committee ☐ Other Receipt Source		☐ Add ☐ Delete	
		g. Election Cycle Sum to Date	
		\$	
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:	
☐ Individual ☐ Party Committee ☐ Other Political Committee ☐ Other Receipt Source		☐ Add ☐ Delete	
		g. Election Cycle Sum to Date	
		\$	
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:	
☐ Individual ☐ Party Committee ☐ Other Political Committee ☐ Other Receipt Source		☐ Add ☐ Delete	
		g. Election Cycle Sum to Date	
		\$	
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:	
☐ Individual ☐ Party Committee ☐ Other Political Committee ☐ Other Receipt Source		☐ Add ☐ Delete	
		g. Election Cycle Sum to Date	
		\$	
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:	
☐ Individual ☐ Party Committee ☐ Other Political Committee ☐ Other Receipt Source		☐ Add ☐ Delete	
		g. Election Cycle Sum to Date	
		\$	
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

Page 1 of 1

1. Name of Committee or Fund			2. ID Number		
Row Barker for Sheriff					
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: ☐ Add ☐ 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: ☐ Add ☐ 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: ☐ Add ☐ 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: ☐ Add ☐ 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: ☐ Add ☐ 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: ☐ Add ☐ 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 Repayments

Page 1 of 1

1. Name of Committee or Fund				2. ID Number	
Ron Barker for Sheriff					
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: ☐ Add ☐ 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: ☐ Add ☐ 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: ☐ Add ☐ 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: ☐ Add ☐ 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: ☐ Add ☐ 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: ☐ Add ☐ 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: ☐ Add ☐ 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)					

Loan Proceeds

Page 1 of 1

1. Name of Committee or Fund				2. ID Number	
1. Lender a. Full Name, Mailing Address & Phone (include city, state, and zip) N/A				b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)
				d. Interest Rate %	l. Account Number/Code
				e. Job Title/Profession	f. Employer's Name/Specific Field
				g. Security Pledged	
				h. If Amendment, choose change type: ☐ Add ☐ Delete	
				j. Form of Payment	
				k. Amount \$	
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 %	l. Account Number/Code
				e. Job Title/Profession	f. Employer's Name/Specific Field
				g. Security Pledged	
				h. If Amendment, choose change type: ☐ Add ☐ Delete	
				j. Form of Payment	
				k. Amount \$	
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 %	l. Account Number/Code
				e. Job Title/Profession	f. Employer's Name/Specific Field
				g. Security Pledged	
				h. If Amendment, choose change type: ☐ Add ☐ Delete	
				j. Form of Payment	
				k. Amount \$	
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 %	l. Account Number/Code
				e. Job Title/Profession	f. Employer's Name/Specific Field
				g. Security Pledged	
				h. If Amendment, choose change type: ☐ Add ☐ Delete	
				j. Form of Payment	
				k. Amount \$	
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 %	l. Account Number/Code
				e. Job Title/Profession	f. Employer's Name/Specific Field
				g. Security Pledged	
				h. If Amendment, choose change type: ☐ Add ☐ Delete	
				j. Form of Payment	
				k. Amount \$	
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 %	l. Account Number/Code
				e. Job Title/Profession	f. Employer's Name/Specific Field
				g. Security Pledged	
				h. If Amendment, choose change type: ☐ Add ☐ Delete	
				j. Form of Payment	
				k. Amount \$	
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)					