

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other details. Do not use this form to update information.

Amendment
 Yes No

1. Committee Information	
a. Full Name <i>Committee To Elect Juanita Gonzalez</i>	c. ID Number <i>8CE7JX</i>
b. Mailing Address (include City, State and Zip Code) <i>221 Wickford Ct Fayetteville, NC 28314</i>	d. Date Filed <i>01/09/2015</i>
	e. Phone Number <i>910 868 6466</i>

2. Report Year <i>2014</i>	3. Period Start Date (mm/dd/yy) <i>10/29/2015</i>	4. Period End Date (mm/dd/yy) <i>01/12/2015</i>	5. Treasurer Full Name <i>Ronald D. Kirby</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input checked="" type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

7. Type of Fund (if applicable, check one)

Booster Fund

Building Fund

Other:

8. Number of Fundraisers this Report

2

10. Special Report Name

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>FIRST CITIZENS BANK</i>	b. Purpose	a. Financial Institution Full Name	b. Purpose
c. Account Code <i>01</i>	d. Period Begin Balance <i>\$ 2372.08</i>	c. Account Code	d. Period Begin Balance <i>\$</i>

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Ronald D. Kirby *Ronald D. Kirby* *01/08/2015*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: *5-5-15* Employee: *Angu* Delivery Method

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ Electronically Filed

_____ _____ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee To Elect Junita Gonzalez	4 th	8CE70X	
Start of Election Cycle: January 1, <u>2014</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 2371.62	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 825.00	
6) Contributions from Individuals (CRO-1210)	\$	\$ 2130.16	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$ 100.00	\$ 100.00	
9) Loan Proceeds (CRO-1410)	\$ 100.00	\$ 100.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$ 100.00	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	\$	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 2471.62	\$ 4055.16	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$ 100.00	\$ 100.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	\$	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	\$	
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Contributions from Other Political Committees

Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable) <u>Committee To Elect Juanita Gonzalez</u>	2. ID Number <u>8CE 70X</u>
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>HBA Home Builders Assn. 2935 Breezewood Av Suite 100 Fayetteville, NC 910-826-0648</u>	b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments		
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date		
		\$		
f. Account Code	g. Form of Payment <u>check</u>	h. In-Kind Description	i. Date (mm/dd/yyyy) <u>10/22/2014</u>	j. Amount <u>\$ 100⁰⁰</u>
				\$
				\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments		
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date		
		\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments		
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date		
		\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$

4. Total only this Page	\$ <u>100⁰⁰</u>
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>	\$ <u>100⁰⁰</u>

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
Committee To Elect Juanita Gonzalez						JCE 20X
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Tee IT Up for MS 5301 Calypso Ct Hope Mills, NC 28348 910-977-8662						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check		10/01/2014	\$ 100 ⁰⁰		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Vander Civic Assn. 232 Waycross Rd Fayetteville, NC 23312 910-486-0972						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check		10/05/2014	\$ 100 ⁰⁰		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Cenulus WFNC-AM 1009 Drayton Rd Fayetteville, NC 910-564-5222						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	check		10/17/2014	\$ 786 ⁰⁰		
	check		10/29/2014	\$ 65 ⁰⁰		
5. Total only this Page					\$ 781 ⁰⁰	
6. Total of ALL CRO-1310 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)					\$ 2383.87	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee To Elect Juanita Gonzalez						8CE7JX	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Signs of the Cross 11550 Stonehollow Dr. Suite 160 Austin, TX 78758 1-866-661-9239							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	credit card		10/24/2014	\$ 857.25			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Rise Newspaper Fayetteville, NC 910-309-3461							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check		10/31/2014	\$ 100.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Dialing Services New Mexico 575-623-3660							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Credit Card		10/14/2014	\$ 222.81			
	Credit Card		11/02/2014	\$ 222.81			
5. Total only this Page						\$ 1402.87	
6. Total of ALL CRO-1310 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)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)	2. ID Number
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Committee To Elect Juanita Gonzalez 8CE70X

3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
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a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
<u>Baldinos</u> <u>3018 Ft Bragg Rd</u> <u>Fayetteville, NC.</u>	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date
		\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>CASH</u>		<u>11/04/2014</u>	<u>\$ 87.75</u>	
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
---	--

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date
		\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
---	--

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date
		\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

5. Total only this Page	\$ <u>87.75</u>
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6. Total of ALL CRO-1310 Pages	\$
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>	
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	

7. Purpose Codes (List detailed expenditure code in (h.) above)			
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- | | | | |
|--------------|----------------|----------------------|-------------------------------------|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

* Codes require detailed explanation in required remarks field (k)



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- Name of committee to receive loan: Committee To Elect Juanita Gonzalez
- Person or committee to make loan: JUANITA GONZALEZ
- Date of loan to committee: 10/29/2014
- Name of lending institution and account number (source):
PERSONAL
- Amount of loan: 100⁰⁰
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):

- Period of loan: 1 week
- Rate of interest of loan: NA
- Security pledged for loan: NA

I, Juanita Gonzalez, (Person lending money to committee), acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Juanita Gonzalez
 Signature of Lender

01/07/2015
 Date Signed

Ronald D Kirk
 Signature of Treasurer of Committee

10/29/2014
 Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable) **2. ID Number**

Committee To Elect Juwita Gonzalez 8CE70X

3. Lender Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Juwita Gonzalez</u> <u>221 Wickford Ct</u> <u>Fayetteville, NC 28314</u> <u>910-868-6466</u>	b. Job Title/Profession <u>Candidate</u>	d. Comments <u>Personal Loan</u>
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy) <u>10/29/2014</u>
		f. End Date (mm/dd/yyyy) <u>11/05/2014</u>

g. Rate %	h. Security Pledged	i. Account Code	j. Form of Payment <u>check</u>	k. Amount <u>\$ 100⁰⁰</u>
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l. Full Name of Lending Institution	m. Loan Number
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4. Endorsers/Makers *(The people who guarantee the loan.)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage %	e. Amount \$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage %	e. Amount \$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage %	e. Amount \$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage %	e. Amount \$

5. Total of ALL CRO-1410 Pages
(This line must be on line 9 of Detailed Summary Page CRO-1100) \$ 100⁰⁰

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Elect Juanita Gonzalez				8CE 9DX	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Juanita Gonzalez 221 Wickford Ct Fayetteville, NC 28314					
				c. Original Loan Date	
				10/29/2014	
				d. Original Loan Amount	
				\$ 100 ⁰⁰	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0.0		check	11/05/2014	\$ 100 ⁰⁰	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 100 ⁰⁰	
5. Total of ALL CRO-1420 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 100 ⁰⁰	