

Pre-Primary  
Report

**COPY**

**Disclosure Report Cover**

Amendment  
 Yes  No

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

|   |                                 |  |                         |
|---|---------------------------------|--|-------------------------|
| <b>I. Committee Information</b>   |                                 |  |                         |
| a. Full Name  |                                 | c. ID Number   |                         |
| The Committee to Elect Lida Hayes Calvert   |                                 | DLQ53Q   |                         |
| b. Mailing Address (include City, State and Zip Code)   |                                 | d. Date Filed  |                         |
| 4417 Bent Tree Road<br>Winston-Salem NC 27106   |                                 |  |                         |
|   |                                 | e. Phone Number  |                         |
|   |                                 | 336.926.7777   |                         |
| 2. Report Year  | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy)  | 5. Treasurer Full Name  |
| 2013  | 7-31-13                         | 8-27-13  | MICHAEL A. MILLER       |
| 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<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser   |                                 | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input checked="" type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |                         |
| 7. Type of Fund (if applicable, check one)  |                                 | <b>State/County</b>  |                         |
| <input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:  |                                 | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special                    |                         |
| 8. Number of Fundraisers this Report  |                                 | 10. Special Report Name  |                         |
|   |                                 |  |                         |
| <b>II. Account Information</b>  |                                 | <b>III. Account Information</b>  |                         |
| a. Financial Institution Full Name  |                                 | a. Financial Institution Full Name   |                         |
| New Bridge Bank   |                                 |  |                         |
| b. Purpose  | c. Account Code                 | b. Purpose   | c. Account Code         |
| Campaign expenditures   | LHCNW1                          |  |                         |
|   | d. Period Begin Balance         |  | d. Period Begin Balance |
|   | \$ 24,976.95                    |  | \$                      |
| <b>CERTIFICATION</b>  |                                 |  |                         |
| 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. |                                 |  |                         |
| MICHAEL A. MILLER   |                                 | Michael A. Miller  |                         |
| Printed Name of Signer  |                                 | Signature of Appointed Treasurer   |                         |
|   |                                 | 8-27-13  |                         |
|   |                                 | Date   |                         |
| <b>FOR OFFICE USE ONLY</b>  |                                 |  |                         |
| Date Received:  | 8/30/2013                       | Employee:  | Judy Speas              |
| Date Postmarked:  |                                 | Employee:  |                         |
| Date Scanned:   |                                 | Employee:  |                         |
| Date Data Entered:  |                                 | Employee:  |                         |
| <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training  |                                 |  |                         |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.   |                                 |  |                         |

FORSYTH COUNTY  
 BOARD OF ELECTIONS  
 RECEIVED  
 AUG 30 PM 3:47

# 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              |
| The Committee to Elect <sup>L109 Hayes</sup> Calvert                         |            | Pre-Primary                 | DCQ53Q                    |
| Start of Election Cycle: January 1, <u>2013</u>                              |            | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |            | \$ 24976.95                 | \$ 0                      |
| <b>RECEIPTS</b>  |            |                             |                           |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205) | \$                          | \$                        |
| 6) Contributions from Individuals  | (CRO-1210) | \$ 625.00                   | \$ 660.80                 |
| 7) Contributions from Political Party Committees                             | (CRO-1220) | \$                          | \$                        |
| 8) Contributions from Other Political Committees                             | (CRO-1230) | \$                          | \$                        |
| 9) Loan Proceeds   | (CRO-1410) | \$ 0                        | \$ 25,000.00              |
| 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) | \$                          | \$                        |
| 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)      |            | \$ 625.00                   | \$ 25660.80               |
| <b>EXPENDITURES</b>  |            |                             |                           |
| 13) Disbursements  |            |                             |                           |
| 13a) Operating Expenditures  | (CRO-1310) | \$ 5891.84                  | \$ 5914.89                |
| 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) | \$                          | \$                        |
| 16) Refunds/Reimbursements from the Committee                                | (CRO-1320) | \$                          | \$                        |
| 17) In-Kind Contributions  | (CRO-1510) | \$ 0                        | \$ 35.80                  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |            | \$ 5891.84                  | \$ 5950.69                |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |            | \$ 19710.11                 | \$ 19710.11               |
| <b>ADDITIONAL INFORMATION</b>  |            |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees                             | (CRO-1330) | \$                          | \$                        |
| 21) Outstanding Loans (incl. ones from other campaigns)                      | (CRO-1430) | \$ 25,000.00                | \$                        |
| 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 Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                 |                    |                        |                                   |                       |                         |  |
|--|-----------------|--------------------|------------------------|-----------------------------------|-----------------------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable)  |                 |                    |                        |                                   |                       | 2. ID Number            |  |
| The Committee to Elect Lisa Hayes Calvert  |                 |                    |                        |                                   |                       | DC0530                  |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |                       |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |                       | d. Comments             |  |
| Bea B. Bahson<br><del>2078</del> 2078 Highway 801 N<br>Mocksville NC 27028                         |                 |                    |                        | Business Owner                    |                       |                         |  |
|  |                 |                    |                        | c. Employer's Name/Specific Field |                       | e. Election Sum to Date |  |
|  |                 |                    |                        | Fmm                               |                       | \$ 100. <sup>00</sup>   |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount             |                         |  |
| <input type="checkbox"/>   | LHCNW1          | Check              |                        | 8-1-13                            | \$ 100. <sup>00</sup> |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$                    |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$                    |                         |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |                       |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |                       | d. Comments             |  |
| Dr. Hayes Calvert<br>115 Sunney Path Court<br>Winston-Salem NC 27104<br>336.287.6323               |                 |                    |                        | Doctor                            |                       |                         |  |
|  |                 |                    |                        | c. Employer's Name/Specific Field |                       | e. Election Sum to Date |  |
|  |                 |                    |                        | Wake Forest Baptist Health        |                       | \$ 200. <sup>00</sup>   |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount             |                         |  |
| <input type="checkbox"/>   | LHCNW1          | Check              |                        | 8-23-13                           | \$ 200. <sup>00</sup> |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$                    |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$                    |                         |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |                       |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    |                        | b. Job Title/Profession           |                       | d. Comments             |  |
| Lisa Calvert<br>607 North Howard Circle<br>Tomboro NC 27886<br>252-823-2784                        |                 |                    |                        | Retired                           |                       |                         |  |
|  |                 |                    |                        | c. Employer's Name/Specific Field |                       | e. Election Sum to Date |  |
|  |                 |                    |                        |                                   |                       | \$ 300. <sup>00</sup>   |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount             |                         |  |
| <input type="checkbox"/>   | LHCNW1          | Check              |                        | 8-23-13                           | \$ 300. <sup>00</sup> |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$                    |                         |  |
| <input type="checkbox"/>   |                 |                    |                        |                                   | \$                    |                         |  |
| 4. Total only this Page  |                 |                    |                        |                                   |                       | \$ 600. <sup>00</sup>   |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100)  |                 |                    |                        |                                   |                       | \$ 625. <sup>00</sup>   |  |

**Contributions from Individuals**

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|   |                 |                    |                        |                                   |           |                         |  |
|---|-----------------|--------------------|------------------------|-----------------------------------|-----------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable)   |                 |                    |                        |                                   |           | 2. ID Number            |  |
| The Committee to Elect Linda Hayes Cavert   |                 |                    |                        |                                   |           | DCQ53Q                  |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
| Martha Haine<br>1944 Reynolds Road<br>Winston-Salem NC 27106<br>336-721-1274                      |                 |                    |                        | Retired                           |           |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|   |                 |                    |                        |                                   |           | \$ 25.00                |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>  | LHENW1          | Check              |                        | 8-23-13                           | \$ 25.00  |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
|   |                 |                    |                        |                                   |           |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|   |                 |                    |                        |                                   |           | \$                      |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |           |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |           | d. Comments             |  |
|   |                 |                    |                        |                                   |           |                         |  |
|   |                 |                    |                        | c. Employer's Name/Specific Field |           | e. Election Sum to Date |  |
|   |                 |                    |                        |                                   |           | \$                      |  |
| f. Prior  | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| <input type="checkbox"/>  |                 |                    |                        |                                   | \$        |                         |  |
| 4. Total only this Page   |                 |                    |                        |                                   |           | \$ 25.00                |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                 |                    |                        |                                   |           | \$ 625.00               |  |

**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)<br><b>The Committee to Elect LINDA HAYES CALVERT</b>   |                    |                 |                      |  |                       | 2. ID Number<br><b>DCQ53Q</b>       |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)   |                    |                 |                      |  |                       |                                     |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                    |                 |                      |  |                       |                                     |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                       |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>U.S. Postal Service<br/>Lewisville Branch<br/>Lewisville NC 27023</b>  |                    |                 |                      | b. Coordinated Committee Name  |                       | d. Comments                         |
|  |                    |                 |                      | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                       | e. Election Sum to Date<br>\$       |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks   |                                     |
| LHCNW1   | Check              | I               | 8/8/13               | \$ 230.00  | Postage Stamps        |                                     |
|  |                    |                 |                      | \$   |                       |                                     |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                       |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>Red Dome Group<br/>15511 Britley Ridge Rd.<br/>Huntersville NC 28078</b>   |                    |                 |                      | b. Coordinated Committee Name  |                       | d. Comments                         |
|  |                    |                 |                      | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                       | e. Election Sum to Date<br>\$       |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks   |                                     |
| LHCNW1   | Check              | A               | 8/24/13              | \$3460.43  | VARO SIGNS            |                                     |
| LHCNW1   | Check              | A               | 8/24/13              | \$ 801.41  | VARIOUS ADVERTISING   |                                     |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                       |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>Fairway Outdoor Advertising, LLC<br/>Piedmont Triad Division<br/>1920 West Lee Street<br/>Greensboro NC 27403</b>  |                    |                 |                      | b. Coordinated Committee Name  |                       | d. Comments                         |
|  |                    |                 |                      | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                       | e. Election Sum to Date<br>\$       |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks   |                                     |
| LHCNW1   | Check              | A               | 8/26/13              | \$ 1400.00   | Advertising Billboard |                                     |
|  |                    |                 |                      | \$   |                       |                                     |
| 5. Total only this Page  |                    |                 |                      |  |                       | \$                                  |
| 6. Total of ALL CRO-1310 Pages<br>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(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)   |                    |                 |                      |  |                       |                                     |

# Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

|   |                     |                                   |                            |
|---|---------------------|-----------------------------------|----------------------------|
| 1. Committee Full-Name (and Fund if applicable)   |                     |                                   | 2. ID Number               |
| The Committee to Elect LIDA Hayes Calvert   |                     |                                   | DCQ53Q                     |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                        |                     |                                   |                            |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                     |                     | b. Job Title/Profession           | d. Comments                |
| LIDA Hayes Calvert<br>4417 Bent Tree Road<br>Winston-Salem NC 27106                                       |                     |                                   |                            |
|   |                     | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
|   |                     | S+L Painting & Decorating, Inc.   | 7/17/13                    |
|   |                     |                                   | f. End Date (mm/dd/yyyy)   |
|   |                     |                                   |                            |
| g. Rate   | h. Security Pledged | i. Original Loan Amount           | j. Remaining Loan Balance  |
| 0%  | NONE                | \$ 25,000. <sup>00</sup>          | \$ 25,000. <sup>00</sup>   |
| k. Full Name of Lending Institution   |                     |                                   | l. Loan Number             |
|   |                     |                                   |                            |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                        |                     |                                   |                            |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                     |                     | b. Job Title/Profession           | d. Comments                |
|   |                     |                                   |                            |
|   |                     | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
|   |                     |                                   |                            |
|   |                     |                                   | f. End Date (mm/dd/yyyy)   |
|   |                     |                                   |                            |
| g. Rate   | h. Security Pledged | i. Original Loan Amount           | j. Remaining Loan Balance  |
| %   |                     | \$                                | \$                         |
| k. Full Name of Lending Institution   |                     |                                   | l. Loan Number             |
|   |                     |                                   |                            |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                        |                     |                                   |                            |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                     |                     | b. Job Title/Profession           | d. Comments                |
|   |                     |                                   |                            |
|   |                     | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
|   |                     |                                   |                            |
|   |                     |                                   | f. End Date (mm/dd/yyyy)   |
|   |                     |                                   |                            |
| g. Rate   | h. Security Pledged | i. Original Loan Amount           | j. Remaining Loan Balance  |
| %   |                     | \$                                | \$                         |
| k. Full Name of Lending Institution   |                     |                                   | l. Loan Number             |
|   |                     |                                   |                            |
| 4. Total only this Page   |                     |                                   | \$ 25,000. <sup>00</sup>   |
| 5. Total of ALL CRO-1430 Pages<br><i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i> |                     |                                   | \$ 25,000. <sup>00</sup>   |