Disclosure Report C	over			Amendment
Use this form for general report		must be signed	and submitted alor	Yes No
Do not use this form to update		i, must be signed a	and submitted alor	ig with other detailed forms.
1. Committee Information	THO THE COLUMN TO THE COLUMN T			
a. Full Name				c. ID Number
A	01 1 - 1	2. 1	/	
committee to	flect Sabri	na Bern	-(	
b. Mailing Address (include City, St	ate and Zip Code)			d. Date Filed
PO BOX 1251	)			11/30/22
Concord, n	V 20 x > 11			e. Phone Number
		756-903-7554		
2. Report Year 3. Period Sta	rt Date (mm/dd/yy) 4. Perio	d End Date (mm/d	d/yy) 5. Treasure	er Full Name
2022 9/1/20	22 10/2	2/2022	Sab	nina Berry
6. Type of Committee (Check	One) 9. Type of R	leport (check on	ly one type of repo	ort from one category)
	arty Municipal	State/C		Referendum
	eferendum Organizati	I —	ganizational	Organizational
Independent Expenditure J			arterly	Pre-referendum
Legal Expense Fund	Pre-primar	.  =	First Second	Final Supplemental Final
7. Type of Fund (if applicable	le, check one) Pre-election Pre-runoff		Third	Annual
Booster Fund	Semi-annu	T=	Fourth	Special
Building Fund	Mid 5		mi-annual	Special
	Year	End	Mid Year	10. Special Report Name
Other:	Final		Year End	
8. Number of Fundraisers th	is Report Special	Fin	nal	
		□ Spi	ecial	
11. Account Information		11. Account I	nformation	
a. Financial Institution Full Name		a. Financial Insti	itution Full Name	
L CT + TT . 29			CABARRUS	COUNTY
titth a third	1.4.401	1.5	BOARD OF EL	c. Account Code
b. Purpose 12 1	c. Account Code	b. Purpose		c. Account Code
Composin Transadin	1481		NOV 30	2022
Treus addi un	d. Period Begin Balance	$\dashv$		d. Period Begin Balance
	- C		RECEIV	
CENTRAL CARROLL	19124.40		ILLOCA	7
CERTIFICATION				
I certify that the Committee or F				
of the NC General Statutes and				ands. I further certify that this
report is complete, true and corr	ect and that I have been trained	by the NC State Bo	pard of Elections.	4
Sabrina B	erry 2	2		12/20/22
Printed Name of Si		Signature of Appointe	ed Treasurer	Date
FOR OFFICE USE ONLY	Silet	orginature of Appointe	a ricusurer	Date
	11/30/22	WAN	Del	ivery Method
Date Received:	Emp	oloyee:	— <u>Бс</u>	Normal Mail
D.t. D		1	Ħ	Registered Mail
Date Postmarked:	Emp	oloyee:	— <del></del>	Hand Delivered
Date Scanned:	Fmr	olovee:		Electronically Filed

**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.

Employee:

Date Data Entered:

CRO-1000

Signer has not received mandatory training

August 2008

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

NC State Board of Elections

## **Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report .	3. ID Number		
Start of Election Cycle: January 1, 202	_	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 134.49	\$ 94.14		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$		
6) Contributions from Individuals	(CRO-1210)	學 1380.00	\$ 1512.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$ ,	\$ 200.00		
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)	\$ 1380.00	\$ 1712.00,		
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 745.62	\$ 905,27		
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)	\$	\$ 132.00		
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 745.62	\$ 1037,27		
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$ 708.87	\$ 768.87		
ADDITIONAL INFORMATION	(GDO 1330)		The district of the second of		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 200.00			
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)	\$	\$		

: .8=, --

		m Individuals	¢5(	0 -= 20mt	المنائدة المناتدة	Pg	of	0.1205 10.7	Yes	No No
ACCORDING TO SECURE A SECURE ASSESSMENT		ividual contributions of		) or com	ribution	s unue	r \$50 if form CK	2. ID Nur		
	tee to elect Sabrina		Die					L. ID ING	libei	
3. Contr	ibutor Informatio	on		Add		Rem	nove			
a. Full Nar	me, Mailing Address	& Phone		b. Job	Title/Profe	lession		d. Commen	its	
	city, state, & zip)		7	Programmer						
Cornelia (				F	I ale N	-10-1	·e. m.13			
218 semi	, NC 28025				s Fargo	ame/Spe	ecific Field	-		
Concord	, 140 20025			***************************************	Taigo			e. Election	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Desci	ription		j. Date (mm/dd/yy	уу)	k. Amount	
	ABI	online					7/16/20	)22	\$	50.00
								7	\$	
	-								\$	
3. Contri	ibutor Informatio	on		Add		Rem	nove	A. Carrie		
	me, Mailing Address				Title/Profe			d. Commen	its	
	city, state, & zip)			MInis	ster					
Marcus S						-				
	ereaux Court					ame/Spe	ecific Field			
Concora,	, NC 28025			UMC	į.			e Election	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Desci	ription		j. Date (mm/dd/yy	vv)	k. Amount	
	AØ(	Online					8/31/202		\$	50.00
									\$	
									\$	
	ibutor Informatio			Add		Rem	iove			
	ne, Mailing Address &	& Phone			Title/Profe			d. Commen	its	
Andrea E	city, state, & zip)			Write	er/editor					
	m Sossoman Rd.			c. Emp	lover's N	ame/Spe	ecific Field			
	VA 28107				Retired		Allie I Iea			
								e. Election	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descr	ription		j. Date (mm/dd/yy	yy)	k. Amount	
	ABI	Online					9/14/20	22	\$	50.00
									\$	
									\$	
4. Total	l only this Page	e						\$		150.00
	of ALL CRO	9-1210 Pages Detailed Summary Page C	CRO-1100	9)				\$	13	3800

Amendment

Use this f	orm to report indi-	vidual contributions of	ver \$50	or contrib	outions und	ler \$50 if form CR	O 1205 is no	t used		
1. Comm	ittee Full Name (	and Fund if applical	ble)				2. ID Num	2. ID Number		
Committe	ee to elect Sabrina	Berry								
3. Contri	butor Informatio	n		Add	Re	move				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Titl	le/Profession	l e	d. Comment	s		
	city, state, & zip)			Self Employed						
Wendy M							-			
1113 Han						pecific Field	-			
Concord,	NC 28027			Self Em	ployed		e. Election S	4- D-4-		
							e. Election S	um to Date		
							\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descrip	tion	j. Date (mm/dd/yy	/уу)	k. Amount		
	ABI	online				10/13/2	022	\$	500.00	
								\$		
								\$		
3. Contri	butor Informatio	n		Add	☐ Re	move				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Tit	le/Profession		d. Comment	S		
	city, state, & zip)			Stay hor	me mom					
	Steinberg						_			
216 Hahn PL, SE						pecific Field	-			
Concord, NC 28025				Stay nor	me mom		e. Election S	um to Data		
							\$	130.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount		
	ABI	online				10/19/2	022	\$	130.00	
								\$		
								\$		
3. Contri	butor Informatio	n		Add	☐ Re	move				
	ne, Mailing Address &	è Phone		b. Job Tit	le/Profession		d. Comment	s		
(include	city, state, & zip)			1						
				. Familia			-			
				c. Employ	er's Name/S	pecific Field	-			
							e. Election S	um to Date	The state of	
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Descrip	tion	j. Date (mm/dd/yy		k. Amount		
	g			P		3	337	\$		
								\$		
								\$		
4. Total	only this Page	e					\$		630.00	
5. Total	of ALL CRO-	-1210 Pages					e			
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100	)			\$			

**Contributions from Individuals** 

Amendment

Yes

No

		m Individuals	V. C. P. F. I	0	نه. دهانس	Pg	2 of	2 1205 is not	Yes	No No
-		vidual contributions of and Fund if applical	and the latest and the latest	J or contr	noution	s unde	r \$50 ii iorm CR0	2. ID Num	TO AND POST OF THE PARTY OF THE PARTY.	
	ee to elect Sabrina		oic)					2. 10 I din	bei	
3. Contri	ibutor Informatio	on		Add		Rem	iove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job T	Title/Prof	ession		d. Comments	3	
	city, state, & zip)		21	retired	1					
Wendy W										
717 Unio	n St S. , NC 28025			retired		me/Spe	ecific Field			
Concord	, NC 20023			Tetiled	1			e. Election Su	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	ription		j. Date (mm/dd/yy	yy)	k. Amount	
	ABI	online					9/28/20	)22	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	on		Add		Rem	ove			
	ne, Mailing Address &	& Phone			Title/Prof	ession		d. Comments	S	
	city, state, & zip)			retired	1					
Amos McClorey 1413 Cooper ave				e Empl	loverte Ne	mo/Sno	cific Field			
	•			Retire		inie/Spe	ecinc Field			
Kannapolis, NC 28081			Retire	u			e. Election St	um to Date		
								\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	ription		j. Date (mm/dd/yy	yy)	k. Amount	
	ABI	check					9/2/202	22	\$	500.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
	ne, Mailing Address &	& Phone		b. Job T	Title/Profe	ession		d. Comments	5	
(include	city, state, & zip)		4.5	4						
				c. Empl	over's Na	me/Spe	cific Field			4
t										
								e. Election St	um to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descr	ription		j. Date (mm/dd/yy	yy)	k. Amount	
									\$	
									\$	
									\$	
4. Total	only this Page	e						\$		800.00
5. Total	of ALL CRO	-1210 Pages						¢ 1	-2 (A)	0
(This line	must be on line 6 of	Detailed Summary Page C	RO-1100	))				\$ }	580.W	,,,,,,,

Amendment

											Amen	dm
<b>Disbursements</b>						Pg	1	of	1		$\boxtimes$	Ye
	1979	100	091000	100	1000		5000			name or other transfer or		-

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

Committee to elect Sabrina Berry									
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating E			ndidates/Political Committ			pordinated Party Expenditures			
		Contributions to Car		CCS		bordinated Farty Expenditures			
4. Payee Inform		L	Add		Remove	Tic			
	ng Address & Phone		b. Coordinated Comm	ittee Na	ime	d. Comments			
(include city, state,	& zip)								
Staples									
1480 Concord P	•		c. Level Registered (Sp	ecify)					
Concord, NC 28	3025		Federal		County:				
			State		Municipality:	e. Election Sum to Date			
						\$ 615.19			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks			
A81	Debit Card	B*	7/2/2022		\$112.34	Prints/Cards			
7101	Deoit Cara	В	77272022		Ψ112.51	2:/			
A81	Debit card	B*	8/20/022		\$112.34	Prints/card			
4. Payee Inform	ation		Add	П	Remove				
	ng Address & Phone		b. Coordinated Comm	ittee Na		d. Comments			
			Di Cooi dinated Commi						
(include city, state,	& zip)		-						
Staples	_1		T 1D 14 1/6			-			
1480 Concord P	•		c. Level Registered (Sp	ecity)		-			
Concord NC 28	025		Federal	H	County:	FI C S A DA			
			State	Ш	Municipality:	e. Election Sum to Date			
						\$ 224.68			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks			
A81	Debit Card	B*	9/2/2022 \$112.34		\$112.34	Prints/cards			
7101						Prints/cards			
A81	Debit Card	B*	9/28/2022		\$112.34	Prints/cards			
4. Payee Inform	ation		Add		Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Comm	ittee Na	ime	d. Comments			
(include city, state,	& zip)								
			1						
Wix.com, inc			c. Level Registered (Sp	ecify)					
	ncois Boulevard		Federal	Π̈́	County:	1			
6 <sup>th</sup> floor	nicols Boulevard		State	H	Municipality:	e. Election Sum to Date			
San Francisco, C	TA 0/159		State		within cipanity.	C. Diction Sum to Date			
San Francisco, C	CA 94136					\$ 81.70			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks			
A81	debit card	A	7/28/2022		\$47.70	domain			
A81	debit card	A	7/28/2022		\$34.00	Website			
5. Total only thi	s Page					\$ 531.06			
THE RESIDENCE OF THE PARTY OF T	CRO-1310 Pages								
		mary Page CRO-110	0 if Operating Expenses)			o DIE 1.0			
(This line goes in	\$ 745.62								
	(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
	es (List detailed ex								
A* - Media	B* - Printing	C* - Fund			D - To Anot	ner Candidate			
E - Salaries	F* - Equipment		-			g Public Office Expenses			
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund									
O* - Other						•			
* Codes require	* Codes require detailed explanation in required remarks field (k)								

No

Disbursem	ants				Amendment
		from the committee	Pg tee for; operating expenses,	2 of	_
	coordinated party ex		sec for, operating expenses,	continuations to	candidate/pontical
	Full Name (and Fun				2. ID Number
	elect Sabrina Berry				
3. Type of Disb	ursement (Plea	ise use separate (	CRO-1310 forms for each t	ype of Disbursen	nent.)
Operating I	Expenses	Contributions to Ca	ndidates/Political Committees	Co	oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	, & zip)				
Staples					_
1480 Concord	-		c. Level Registered (Specify)		4
Concord, NC 2	8025		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$615.19
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A81	Debit Card	B*	10/21/2022	\$112.34	Prints/Cards
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	, & zip)				
Wix.com, inc					
•	ancois Boulevard		c. Level Registered (Specify)		_
6th floor	G		Federal	County:	
San Francisco,	CA 94158		State	Municipality:	e. Election Sum to Date
					\$ 68.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
184	Debit Card	A	8/25/2022	\$34.00	website
IBA	Debit Card	A	9/26/2022	\$34.00	Website
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal _	County:	
			State	Municipality:	e. Election Sum to Date
					\$
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	,
5. Total only th	is Page				\$ 180.34
CONTRACTOR	CRO-1310 Pages				/ /
			0 if Operating Expenses) 0 if Contrib to Candidates/Politic	cal Commi	s 180.34 s 745.62
_			o if Contrib to Canatatates Potition  o if Coordinated Party Expenditi		110.02

C\* - Fundraising

G - Political Party

K\* - Office Expenses

7. Purpose Codes (List detailed expenditure code in (h.) above)

B\* - Printing

J - Penalties

F\* - Equipment

A\* - Media

E - Salaries

I - Postage

O\* - Other

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

Disbursem	ents		Pg	3 of	Amendment 3 Yes No
		from the committee	ee for; operating expenses,	_	
	coordinated party ex		er ici, op eraning enpenses,		
1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number
Committee to el	lect Sabrina Berry				
3. Type of Disb	ursement (Plea	se use separate C	RO-1310 forms for each t	vpe of Disburser	nent.)
Operating E		Contributions to Can	didates/Political Committees		oordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state, Fund Hero	& zip)		*		
DIID Fost	400 south, Ste	R-100	c. Level Registered (Specify)		-
243 Lusi -	700 000 17 010	3 100	Federal Federal	County:	-
Salt Lak	e city, UT	84101	State	Municipality:	e. Election Sum to Date
					6 20
					\$ 27.55
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A81	online	0	7/16/2022	\$2.75	user fee
ABI	online	0	10/13/2022	\$24.80	user fee
4. Payee Inform	nation	П	Add $\square$	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
Find Hen					
	+ 400 South,	SLO R-100	c. Level Registered (Specify)		
. —	L CITY, UT	1986.0	rederal	County:	
Sait Jak	LOHI, OI	8410)	State	Municipality:	e. Election Sum to Date
					\$ 6.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A 201				\$6.67	user fee
ABI	online	0	10/19/2022	\$6.67	
				\$	
4. Payee Inform			b. Coordinated Committee N	Remove	d. Comments
a. Full Name, Maili (include city, state,	ing Address & Phone		b. Coordinated Committee N	ame	u. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	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 thi	is Page				\$34,22
	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sun	mary Page CRO-1100	) if Operating Expenses)		8 - 1
	•		) if Contrib to Candidates/Polition ) if Coordinated Party Expenditi		\$ 745,62
7. Purpose Code	es (List detailed ex	penditure code in (	(h.) above)		
A* - Media	B* - Printing	C* - Fund			ther Candidate
E - Salaries I - Postage	F* - Equipment J - Penalties		eal Party ee Expenses		ng Public Office Expenses ion to Legal Expense Fund
O* - Other	o i charties	K - Oille	- Lapenses	Q Donat	The state of the s

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

## **Outstanding Loans**

				Amendment	t
Pg	<u> </u>	of	1	☐ Yes	☐ No

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	Committee Full Name (and Fund if applicable)								
Committee to	Elect Sabrin	a x	Berry						
3. Lender Information	TO SECURE THE PROPERTY OF THE	Add	Remove						
a. Full Name, Mailing Address & Ph	one	b. Job T	itle/Profession	d. Comments					
(include city, state, & zip)	1	0							
Sabrina Bem	1	C	ommunity Manage oyer's Name/Specific Field	e. Start Date (mm/dd/yyyy)					
PO BOX 125	,	c. Emplo	oyer's Name/Specific Field	617122					
		Tri	iumph Real						
Concord, NO	28624	( ' '	Estate	f. End Date (mm/dd/yyyy)					
(			Estacio	open					
g. Rate h. Security Pledged		i. 0	Priginal Loan Amount	j. Remaining Loan Balance					
6 %		\$	200.00	\$ 200.00					
k. Full Name of Lending Institution				l. Loan Number					
3. Lender Information		Add	Remove						
a. Full Name, Mailing Address & Ph	none	b. Job T	itle/Profession	d. Comments					
(include city, state, & zip)									
				e. Start Date (mm/dd/yyyy)					
		c. Emplo	oyer's Name/Specific Field	e. Start Date (minutalyyyy)					
		•							
				f. End Date (mm/dd/yyyy)					
g. Rate h. Security Pledged		i. 0	Priginal Loan Amount	j. Remaining Loan Balance					
%	а	\$		\$					
k. Full Name of Lending Institution				l. Loan Number					
-									
3. Lender Information		Add	Remove						
a. Full Name, Mailing Address & Ph	ione	b. Job T	itle/Profession	d. Comments					
(include city, state, & zip)									
				e. Start Date (mm/dd/yyyy)					
		c. Emplo	oyer's Name/Specific Field						
	,			f. End Date (mm/dd/yyyy)					
*									
g. Rate h. Security Pledged		i. 0	Original Loan Amount	j. Remaining Loan Balance					
%		\$		\$					
k. Full Name of Lending Institution				l. Loan Number					
4. Total only this Page				\$					
5. Total of ALL CRO-14	30 Pages			¢					
(This line must be on line 21 of Det				\$					