

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

| 1. Committee Information | | | |
|--|---|---|---|
| a. Full Name | | c. ID Number | |
| Committee to Elect Bill Bagges CLERK OF COURT | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| 3845 Bent Creek Dr SW Concord, NC 28027 | | 01/23/2024 | |
| | | e. Phone Number | |
| | | 980-521-3117 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2023 | 7/1/2023 | 12/31/2023 | Wanda H. Arthur |
| 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 | Municipal | State/County |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <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"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First |
| | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second |
| | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third |
| | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| | | <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 checked="" type="checkbox"/> Year End |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final |
| | | | <input type="checkbox"/> Special |
| 7. Type of Fund (if applicable, check one) | | 10. Special Report Name | |
| <input type="checkbox"/> "Booster Fund" | | | |
| <input type="checkbox"/> Building Fund | | | |
| <input type="checkbox"/> Other: | | | |
| 8. Number of Fundraisers this Report | | | |
| | | | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| State Employees Credit Union | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| Campaign Receipts & Expenditures | 1 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 1,392.82 | | \$ |
| 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. | | | |
| Wanda H. Arthur | | Wanda H. Arthur | 01/23/2024 |
| Printed Name of Signer | | Signature of Appointed Treasurer | Date |
| FOR OFFICE USE ONLY | | | |
| Date Received: | 1/23/2024 | Employee: | Delivery Method |
| Date Postmarked: | | Employee: | <input type="checkbox"/> Normal Mail |
| Date Scanned: | 1-23-24 | Employee: | <input type="checkbox"/> Registered Mail |
| Date Data Entered: | | Employee: | <input checked="" type="checkbox"/> Hand Delivered |
| | | Employee: | <input type="checkbox"/> Electronically Filed |
| | | Employee: | <input type="checkbox"/> Signer has not received mandatory training |
| RECEIVED IN-PERSON JAN 23 2024 CABARRIUS COUNTY BOARD OF ELECTIONS | | | |
| 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 Bill BAGGS Clerk | Year End Semi/Annual | | |
| Start of Election Cycle: January 1, ^{of Court} 2023 | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 1,392.82 | \$ 1456.16 | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ | \$ | |
| 6) Contributions from Individuals (CRO-1210) | \$ | \$ 400.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ | \$ | |
| 9) Loan Proceeds (CRO-1410) | \$ | \$ 7,000.00 | |
| 10) Refunds/Reimbursements To the Committee (CRO-1240) | \$ | \$ | |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$.34 | \$ 27.91 | |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | \$ | \$ | |
| 11c) Outside Sources of Income (CRO-1250) | \$ | \$ | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | \$ | \$ | |
| 11 e) Exempt Purchase Price Sales (CRO-1265) | \$ | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 1393.16 | \$ 9884.07 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 500 | \$ 7495.91 | |
| 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) | \$ | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 500 | \$ | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 1388.16 | \$ 1388.16 | |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ 24,000.00 | \$ | |
| 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) | \$ | \$ | |

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

| | | | | | |
|--|---------------------------|--|---------------------------------------|--|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Committee to Elect Bill Bages Clerk of Court | | | | | |
| 3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i> | | | | | |
| <input checked="" type="checkbox"/> Interest | | <input type="checkbox"/> Contributions from Not-for-Profit Organizations | | <input type="checkbox"/> Outside Sources of Income | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | d. Comments | |
| State EMPLOYEES CREDIT UNION 60 Raiford Dr NW Concord, NC 28027 704-788-3444 | | | | | |
| | | | c. Outside Source Explanation | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ 27.68 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | Draft | Interest on Checking | 07/18/2023 | \$.07 | |
| 1 | Draft | Interest on Checking | 08/10/2023 | \$.04 | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | d. Comments | |
| State EMPLOYEES Credit Union 60 Raiford Dr NW Concord, NC 28027 704-788-3444 | | | | | |
| | | | c. Outside Source Explanation | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ 27.80 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | Draft | Interest on Checking | 09/14/2023 | \$.07 | |
| 1 | Draft | Interest on Checking | 10/11/2023 | \$.05 | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | d. Comments | |
| State EMPLOYEES Credit Union 60 Raiford Dr NW Concord, NC 28027 704-788-3444 | | | | | |
| | | | c. Outside Source Explanation | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ 27.91 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | Draft | Interest on Checking | 11/13/2023 | \$.06 | |
| 1 | Draft | Interest on Checking | 12/11/2023 | \$.05 | |
| 5. Total only this Page | | | | \$.34 | |
| 6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i> | | | | \$.34 | |

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 Bill Bares CLERK OF COURT | | | | | |
| 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 type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| State EMPLOYEES Credit Union | | | | | |
| 60 Raiford Dr NW Concord, NC 28027 704-788-3444 | | | | | |
| | | | 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: | | |
| | | | | | \$ 148.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Draft | 0 | 07/18/2023 | \$ 1.00 | |
| 1 | Draft | 0 | 08/10/2023 | \$ 1.00 | |
| 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 |
| State EMPLOYEES Credit Union | | | | | |
| 60 Raiford Dr NW Concord, NC 28027 704-788-3444 | | | | | |
| | | | 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: | | |
| | | | | | \$ 150.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Draft | 0 | 09/14/2023 | \$ 1.00 | |
| 1 | Draft | 0 | 10/11/2023 | \$ 1.00 | |
| 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 |
| State EMPLOYEES Credit Union | | | | | |
| 60 Raiford Dr NW Concord, NC 28027 704-788-3444 | | | | | |
| | | | 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: | | |
| | | | | | \$ 151.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Draft | 0 | 11/13/2023 | \$ 1.00 | |
| 1 | Draft | 0 | 12/11/2023 | \$ 1.00 | |
| 5. Total only this Page | | | | | \$ 5.00 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 5.00 |
| (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 | |
| E - Salaries | | F* - Equipment | | G - Political Party | |
| I - Postage | | J - Penalties | | K* - Office Expenses | |
| O* - Other | | | | D - To Another Candidate | |
| | | | | H* - Holding Public Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * 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 | | |
| Committee to elect BILL BAGGS CLERK OF COURT | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| WILLIAM WARREN "Bill" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3087 | | CLERK OF COURT CABARRUS COUNTY | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | NC AOC | | 11/13/2009 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | N/A | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance | |
| 0 % | N/A | \$ 2,000. ⁰⁰ | | \$ 2,000. ⁰⁰ | |
| k. Full Name of Lending Institution | | | | l. Loan Number | |
| N/A | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| WILLIAM WARREN "Bill" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3087 | | CLERK OF COURT CABARRUS COUNTY | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | NC AOC | | 02/26/2010 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | N/A | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance | |
| 0 % | N/A | \$ 8,000. ⁰⁰ | | \$ 8,000. ⁰⁰ | |
| k. Full Name of Lending Institution | | | | l. Loan Number | |
| N/A | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| WILLIAM WARREN "Bill" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3087 | | CLERK OF COURT CABARRUS COUNTY | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | NC AOC | | 07/09/2010 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | N/A | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance | |
| 0 % | N/A | \$ 2,000. ⁰⁰ | | \$ 2,000. ⁰⁰ | |
| k. Full Name of Lending Institution | | | | l. Loan Number | |
| N/A | | | | | |
| 4. Total only this Page | | | | \$ 12,000. ⁰⁰ | |
| 5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100) | | | | \$ 24,000. ⁰⁰ | |

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 |
| Committee to ELECTION BILL BAGGS CLERK OF COURT | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments |
| WILLIAM WARREN "BILL" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3087 | | CLERK OF COURT CABARRUS COUNTY | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | NC AOC | 09/19/2010 |
| | | | f. End Date (mm/dd/yyyy) |
| | | | N/A |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| 0 % | N/A | \$ 5,000 ⁰⁰ | \$ 5,000 ⁰⁰ |
| k. Full Name of Lending Institution | | | l. Loan Number |
| N/A | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments |
| WILLIAM WARREN "BILL" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3087 | | CLERK OF COURT CABARRUS COUNTY | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | NC AOC | 03/08/2012 |
| | | | f. End Date (mm/dd/yyyy) |
| | | | N/A |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| 0 % | N/A | \$ 1,000 ⁰⁰ | \$ 1,000 ⁰⁰ |
| k. Full Name of Lending Institution | | | l. Loan Number |
| N/A | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments |
| WILLIAM WARREN "BILL" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3087 | | CLERK OF COURT CABARRUS COUNTY | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | NC AOC | 01/09/2014 |
| | | | f. End Date (mm/dd/yyyy) |
| | | | N/A |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| 0 % | N/A | \$ 2,000 ⁰⁰ | \$ 2,000 ⁰⁰ |
| k. Full Name of Lending Institution | | | l. Loan Number |
| N/A | | | |
| 4. Total only this Page | | | \$ 8,000 ⁰⁰ |
| 5. Total of ALL CRO-1430 Pages | | | \$ |
| <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i> | | | |

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 | |
| Comm: Acc to ELECT BILL BAGGS CLERK OF COURT | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments |
| WILLIAM WARREN "BILL" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3987 | | CLERK OF COURT CABARRUS COUNTY | | e. Start Date (mm/dd/yyyy) |
| | | c. Employer's Name/Specific Field | | 01/31/2018 |
| | | N/A | | f. End Date (mm/dd/yyyy) |
| | | | | N/A |
| g. Rate | h. Security Fledged | i. Original Loan Amount | | j. Remaining Loan Balance |
| 4% | N/A | \$ 2,000 ⁰⁰ | | \$ 2,000 ⁰⁰ |
| k. Full Name of Lending Institution | | | | l. Loan Number |
| N/A | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments |
| WILLIAM WARREN "BILL" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3087 | | CABARRUS COUNTY CLERK OF COURT | | e. Start Date (mm/dd/yyyy) |
| | | c. Employer's Name/Specific Field | | 12/06/2021 |
| | | NC Admin Office of COURTS | | f. End Date (mm/dd/yyyy) |
| | | | | N/A |
| g. Rate | h. Security Fledged | i. Original Loan Amount | | j. Remaining Loan Balance |
| 4% | N/A | \$ 2,000 ⁰⁰ | | \$ 2,000 ⁰⁰ |
| k. Full Name of Lending Institution | | | | l. Loan Number |
| N/A | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments |
| | | | | e. Start Date (mm/dd/yyyy) |
| | | c. Employer's Name/Specific Field | | f. End Date (mm/dd/yyyy) |
| | | | | |
| g. Rate | h. Security Fledged | i. 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-1430 Pages | | | | \$ 4,000.00 |
| <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i> | | | | \$ |