

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 Committee to Re-Elect Tim Sack | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 232 Elam Street Holly Springs, NC 27540 | d. Date Filed 10/31/2011 |
| <i>Wake County Board of Elections</i> | |
| e. Phone Number 919-557-7294 | |

Received

NOV 16 2011

| | | | |
|-------------------------------|--|--|--|
| 2. Report Year 2011 | 3. Period Start Date (mm/dd/yy) 09/28/2011 | 4. Period End Date (mm/dd/yy) 10/24/2011 | 5. Treasurer Full Name Timothy C. Sack |
|-------------------------------|--|--|--|

| | | | |
|---|--|---|---|
| 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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | Municipal | State/County | Referendum |
| | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| | <input checked="" 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 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 | 10. Special Report Name |
| | <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) | | 8. Number of Fundraisers this Report | |
| <input type="checkbox"/> "Booster Fund" | <input type="checkbox"/> Building Fund | 0 | |
| <input type="checkbox"/> Other: | | | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name Crescent State Bank | | a. Financial Institution Full Name | |
| b. Purpose Campaign Funds | c. Account Code 1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 1650.00 | | d. Period Begin Balance \$ |

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.

 Timothy C. Sack
 Printed Name of Signer

 Signature of Appointed Treasurer

 11/11/2011
 Date

FOR OFFICE USE ONLY

| | | |
|--------------------------|-----------------|---|
| Date Received: _____ | Employee: _____ | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: _____ | Employee: _____ | |
| Date Scanned: _____ | Employee: _____ | |
| Date Data Entered: _____ | Employee: _____ | |

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 Re-Elect Tim Sack | 2011 Pre-Election | | |
| Start of Election Cycle: | January 1, 2011 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | 0 | \$ 1650.00 | \$ 0 |
| 5) Aggregated Contributions from Individuals | <i>(CRO-1205)</i> | \$ | \$ |
| 6) Contributions from Individuals | <i>(CRO-1210)</i> | \$ 980.53 | \$ 1675.39 |
| 7) Contributions from Political Party Committees | <i>(CRO-1220)</i> | \$ | \$ |
| 8) Contributions from Other Political Committees | <i>(CRO-1230)</i> | \$ 500.00 | \$ 1500.00 |
| 9) Loan Proceeds | <i>(CRO-1410)</i> | \$ 0 | \$ 500.00 |
| 10) Refunds/Reimbursements To the Committee | <i>(CRO-1240)</i> | \$ | \$ |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | <i>(CRO-1250)</i> | \$ | \$ |
| 11b) Contributions from Not-for-Profit Organizations | <i>(CRO-1250)</i> | \$ | \$ |
| 11c) Outside Sources of Income | <i>(CRO-1250)</i> | \$ | \$ |
| 11d) Legal Expense Fund – Other Sources | <i>(CRO-1270)</i> | \$ | \$ |
| 11 e) Exempt Purchase Price Sales | <i>(CRO-1265)</i> | \$ | \$ |
| 12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i> | | \$ 1480.53 | \$ 3675.39 |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | <i>(CRO-1310)</i> | \$ 949.24 | \$ 1049.24 |
| 13b) Contributions to Candidates/Political Committees | <i>(CRO-1310)</i> | \$ | \$ |
| 13c) Coordinated Party Expenditures | <i>(CRO-1310)</i> | \$ | \$ |
| 14) Aggregated Non-Media Expenditures | <i>(CRO-1315)</i> | \$ | \$ |
| 15) Loan Repayments | <i>(CRO-1420)</i> | \$ 500.00 | \$ 500.00 |
| 16) Refunds/Reimbursements From the Committee | <i>(CRO-1320)</i> | \$ 890.53 | \$ 1335.39 |
| 17) In-Kind Contributions | <i>(CRO-1510)</i> | \$ | \$ |
| 18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i> | | \$ 2339.77 | \$ 2884.63 |
| 19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i> | | \$ 790.76 | \$ 790.76 |
| 20) Non-Monetary Gifts Given to Other Committees | <i>(CRO-1330)</i> | \$ | \$ |
| 21) Outstanding Loans (incl. ones from other campaigns) | <i>(CRO-1430)</i> | \$ | \$ |
| 22) Debts and Obligations owed By the Committee | <i>(CRO-1610)</i> | \$ | \$ |
| 23) Debts and Obligations owed To the Committee | <i>(CRO-1620)</i> | \$ | \$ |
| 24) Account Transfers Within the Committee | <i>(CRO-1720)</i> | \$ | \$ |
| 25) Administrative Support | <i>(CRO-1710)</i> | \$ | \$ |
| 26) Forgiven Loans | <i>(CRO-1440)</i> | \$ | \$ |
| 27) 48-Hour Notice Reports Sum | <i>(CRO-2200)</i> | \$ | \$ |
| 28) Contributions to be Refunded | <i>(CRO-1215)</i> | \$ 0 | \$ 0 |

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 | |
| Committee to Re-Elect Tim Sack | | | | | | |
| 3. Contributor 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 | |
| James Cobb 4936 Sunset Forest Circle Holly Springs, NC 27540 | | | Accountant | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Guess Accounting | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Check | | 10/28/2011 | | \$ 50.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor 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 | |
| Timothy C. Sack 232 Elam Street Holly Springs, NC 27540 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | US DOJ | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1325.39 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Visa | Purchase Campaign signs | 10/03/2011 | | \$ 308.00 |
| <input type="checkbox"/> | 1 | Visa | Purchase Campaign signs | 10/24/2011 | | \$ 279.50 |
| <input type="checkbox"/> | 1 | Visa | Purchase Handout cards | 10/24/2011 | | \$ 293.03 |
| 3. Contributor 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 Pflugrad 4817 Sunset Forest Circle Holly Springs, NC 27540 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Engineer | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Check | | 10/27/2011 | | \$ 50.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 980.53 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 980.53 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Other Political Committees

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

| | | | | | |
|---|---------------------------|-------------------------------|---|---------------------|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Committee to Re-Elect Tim Sack | | | | | |
| 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 | | d. Comments |
| Build Political Action Committee PO Box 99090 Raleigh, NC 27624 | | | <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date |
| | | | | | \$ 500.00 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | | j. Amount |
| 1 | Check | | 10/19/2011 | | \$ 500.00 |
| | | | | | \$ |
| | | | | | \$ |
| 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 | | d. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | | 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 | | d. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | | 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 | | | | | \$ 500.00 |
| 5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 500.00 |

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) | | | | | 2. ID Number |
| Committee to Re-Elect Tim Sack | | | | | |
| 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 | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| Capital Events 115 Woodwinds Industrial Court Cary, NC 27511 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | |
| | | | Holly Springs Town Council | | e. Election Sum to Date |
| | | | | | \$ 58.71 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Check | O | 10/28/2011 | \$58.71 | Rental Canopy |
| | | | | \$ | |
| 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 |
| Printing for Less 100 PFL Way Livingston, MT 59047 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | |
| | | | Holly Springs Town Council | | e. Election Sum to Date |
| | | | | | \$ 579.23 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| 1 | Visa | B | 10/24/2011 | \$303.03 | Print Handout Cards |
| 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 |
| My Campaign Store 902 E Court Ave Jefferson, IN 47131 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | |
| | | | Holly Springs Town Council | | e. Election Sum to Date |
| | | | | | \$ 746.16 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Visa | B | 10/24/2011 | \$279.50 | Print Campaign Signs |
| 1 | Visa | B | 10/04/2011 | \$308.00 | Campaign signs |
| 5. Total only this Page | | | | | \$ 949.24 |
| 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> | | | | | \$ 949.24 |
| 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) | | | | | |

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| | | | | |
|--|--|---|---------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| Committee to Re-elect Tim Sack | | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Timothy Sack 232 Elam Street Holly Springs, NC 2740 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 10/24/2011 |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 279.50 |
| f. Purpose Code | | j. Election Sum to Date | | |
| P | | \$ 1017.39 | | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| Retired | US DOJ | | | 1 |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| Check | Purchase of campaign Handout cards | 10/24/2011 | \$ 279.50 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Timothy C. Sack 232 Elam St Holly Springs, NC 27540 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 10/04/2011 |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 308.00 |
| f. Purpose Code | | j. Election Sum to Date | | |
| P | | \$ 1325.39 | | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| Retired | US DOJ | | | 1 |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| Check | Purchase campaign signs | 10/04/2011 | \$ 308.00 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Timothy C. Sack 232 Elam Street Holly Springs, NC 27540 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 10/24/2011 |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 303.03 |
| f. Purpose Code | | j. Election Sum to Date | | |
| P | | \$ 1628.42 | | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| Retired | US DOJ | | | 1 |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| Check | Purchase handout cards | 10/25/2011 | \$ 303.03 | |
| 4. Total only this Page | | | | \$ 890.53 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 890.53 |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m) | | | | |

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 Re-Elect Tim Sack | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Comments | |
| Timothy C. Sack 232 Elam Street Holly Springs, NC 27540 | | | | c. Original Loan Date | |
| | | | | 06/27/2011 | |
| | | | | d. Original Loan Amount | |
| \$ 500.00 | | | | \$ 500.00 | |
| e. Remaining Loan Balance | | f. Account Code | g. Form of Payment | h. Date (mm/dd/yyyy) | i. Repayment Amount |
| \$ 500.00 | | 1 | Check | 10/24/2011 | \$ 500.00 |
| \$ | | | | | \$ |
| 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 | | | | | |
| | | | | \$ 500.00 | |
| 5. Total of ALL CRO-1420 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) | | | | | |
| | | | | \$ 500.00 | |