

Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund PARMON for NC House			6. Date 4/29/02	
2. Address 1735 Ardmore Road			7. ID Number 22 00055	
3. City WINSTON-SALEM,	4. State NC	5. Zip 27127	8. Phone	
9. Type of Report First Quarter Plus		10. Period Covered Start 2/25/02 End 4/20/02		11. Attendance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Type of Committee or Fund (Check one)				
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Soft Money Account <input type="checkbox"/> Building Fund <input type="checkbox"/> Other Fund: _____				
13. Treasurer Name DORIS S. HERRELL PK 29 APR 02				
14. Assistant Treasurer Name(s)				
15. Custodian of Books Name				
16. Bank/Depository/Credit Account Information				
a. Name	b. Purpose	c. Code	d. Period Begin Balance	
MECHANICS + FARMERS	Checking - to facilitate receipts & expenses	1	\$ 250.00	
			\$	
			\$	
			\$	
			\$	
			\$	

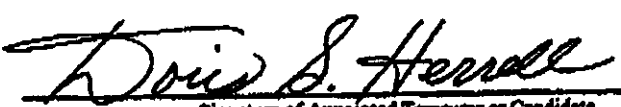
RECEIVED

MAY - 1 2002

N.C. BOARD OF ELECTIONS

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.


 Signature of Appointed Treasurer or Candidate

4/29/02
 Date

S
C

Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
PARMON FOR NC HOUSE					
Start of Election Cycle: January 1, 2002		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$		
5) Cash on Hand at Start of Present Reporting Period		\$ 250.00			
RECEIPTS					
6) Contributions from Individuals (CRO-1210)		\$ 1720.00	\$		
7) Contributions from Political Party Committees (CRO-1220)		\$	\$		
8) Contributions from Other Political Committees (CRO-1230)		\$	\$		
9) Loan Proceeds (CRO-1410)		\$ 739.13	\$		
10) Refunds & Reimbursements to Committee (CRO-1240)		\$	\$		
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$	\$		
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$	\$		
11c) Outside Sources of Income (CRO-1250)		\$	\$		
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 2,459.13	\$		
EXPENDITURES					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)		\$ 1,666.46	\$		
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$		
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$		
14) Loan Repayments (CRO-1420)		\$	\$		
15) Refunds from Committee (CRO-1320)		\$	\$		
16) In-Kind Contributions (CRO-1510)		\$	\$		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 1,666.46	\$		
18) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)		\$ 792.67	\$		
Additional Information					
19) Non-Monetary Gifts Given to Committees (CRO-1330)		\$			
20) Outstanding Loans (including ones from other campaigns) (CRO-1430)		\$			
21) Debts and Obligations owed BY the Committee (CRO-1610)		\$			
22) Debts and Obligations owed TO the Committee (CRO-1620)		\$			
23) Parent Entity's Administrative Support (CRO-1710)		\$			

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
PARSON FOR NC House									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Peter S. Brunstetter 3641 Will Scarlett Rd. Winston-Salem, NC 27104 (336) 760-4413	1	check	2/25/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
ATTORNEY							\$ 250.00		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
Self Employed							<input type="checkbox"/> Add <input type="checkbox"/> Delete		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Doris S. Herrell 1735 Ardmore Rd Winston-Salem, NC 27127 (336) 788-0682	1	CASH	3/12/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
Retired							\$ 200.00		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
Retired							<input type="checkbox"/> Add <input type="checkbox"/> Delete		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Don G. Angell P.O. Box 1670 Clemmons, NC 27012 (336) 761-0302	1	check	3/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
							\$ 500.00		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	1	check	3/12/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
							\$ 100.00		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	1	check	3/23/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
							\$ 50.00		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							<input type="checkbox"/> Add <input type="checkbox"/> Delete		

4. Total only this Page \$ 1,100.00

5. Total of ALL CRO-1210 Pages \$
(only show on last page)
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number	
PARSON FOR NC House								
1. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip) Aggregated Individual Contribution	b. Account Number/Code	c. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
				<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession c. Employer's Name/Specific Field j. If Amendment, choose change type:							k. Election Cycle Sum to Date	
Add <input type="checkbox"/> Delete <input type="checkbox"/>							\$ 100.00	
1. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip) Aggregated Individual Contribution	b. Account Number/Code	c. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
				<input type="checkbox"/>	<input type="checkbox"/>	\$ 20.00		
				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession c. Employer's Name/Specific Field j. If Amendment, choose change type:							k. Election Cycle Sum to Date	
Add <input type="checkbox"/> Delete <input type="checkbox"/>							\$ 20.00	
1. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip) Aggregated Individual Contribution	b. Account Number/Code	c. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
				<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00		
				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession c. Employer's Name/Specific Field j. If Amendment, choose change type:							k. Election Cycle Sum to Date	
Add <input type="checkbox"/> Delete <input type="checkbox"/>							\$ 100.00	
1. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip) Aggregated Individual Contribution	b. Account Number/Code	c. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
				<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00		
				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession c. Employer's Name/Specific Field j. If Amendment, choose change type:							k. Election Cycle Sum to Date	
Add <input type="checkbox"/> Delete <input type="checkbox"/>							\$ 25.00	
1. Contributor a. Full Name, Mailing Address & Phone (include city, state, & zip) Aggregated Individual Contribution	b. Account Number/Code	c. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
				<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession c. Employer's Name/Specific Field j. If Amendment, choose change type:							k. Election Cycle Sum to Date	
Add <input type="checkbox"/> Delete <input type="checkbox"/>							\$ 100.00	

4. Total only this Page (only show on last page) \$

5. Total of ALL CRO-1210 Pages \$ 270.00

(This line must be on line 6 of Detailed Summary Page CRO-1209)

CRO-1210 NC State Board of Elections February 2002

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	1	check	4/5/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	1	check	4/10/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	1	check	4/9/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	1	CASH	4/12/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 50.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$		

4. Total only this Page \$ 350.00

5. Total of ALL CRO-1210 Pages (only show on last page) \$ 6,720.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from OTHER POLITICAL COMMITTEES

1. Name of Committee or Fund					2. ID Number	
PARMON FOR NC HOUSE						
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
	NATIONWIDE CAROLINA POLITICAL PARTICIPATION FUND ONE NATIONWIDE PLAZA #32-00 COLUMBUS, OH 43216 (Phone Number Not Available) <i>TRYING TO GET IT</i>	1	CHECK	5/02/02	<input type="checkbox"/>	\$250.00
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. Type of Committee <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
					<input type="checkbox"/>	\$
g. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1230 Pages (only show on last page)					\$ 250.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>						

Disbursements

1. Name of Committee or Fund						2. ID Number	
PAARMON FOR NC House							
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	A.C. PHOENIX NEWSPAPER 545 TRADE STREET WINSTON-SALEM, NC 27101 336-727-1171		Campaign Ad in Newspaper	1	Check	4/22/02	\$ 225.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	AMERICAN EXPRESS P.O. BOX 53000 ATLANTA, GA 30353 1-800-528-4800		Supplies from American Express Scanner/ Fax, PRINTER	1	Check	4/24/02	\$782.89
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	A.C. PHOENIX NEWSPAPER 545 TRADE STREET WINSTON-SALEM, NC 27101 336-727-1171		Campaign Ad in Newspaper	1	Check	4/24/02	\$225.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Mr. Jomo Legins 1441 Hattie Ave #1 WINSTON-SALEM, NC 27105		Completed T-Shirts/ Hats (250)	1	Check	4/27/02	\$628.35
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	0331E HAIRSTON 5040 AARGO DRIVE WINSTON-SALEM, NC 27101 336-777-1960		CATERING FOR STEERING COMMITTEE AT HERITAGE LIBRARY	1	Check	5/8/02	\$ 55.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
5. Total only this Page						\$ 1916.24	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$	
(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)							

Disbursements

1. Name of Committee or Fund						2. ID Number	
<p>PARMON for NC House</p>							
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input type="checkbox"/> Operating Expenses				<input type="checkbox"/> Contributions to Candidates/Political Committees			
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount		
4. Payee WINSTON-SALEM BLACK CHAMBER OF COMMERCE MCCARTER 510 MIAMI STREET 5060 NOVACK STREET WINSTON-SALEM, NC 27105-3908 336-744-	DONATION TO CHAMBER AT LUNCHEON MEETING	1	CHECK	5/15/02	\$15.00		
					\$		
					\$		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Payee AMERICAN EXPRESS P.O. BOX 53001 ATLANTA, GA 30353 1-800-528-4800	PAPERS/INKS OFFICE CLOTHES ENVELOPES/ CARTRIDGES	1	CHECK	6/4/02	\$688.85		
					\$		
					\$		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Payee HOSPITALITY MINTS P.O. DRAWER 3140 BOONE, NC 28607 1-800-334-5181	Balance on Mint Candy	1	CHECK	6/4/02	\$12.09		
					\$		
					\$		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Payee EARLINE PARMON 3873 BARKWOOD DRIVE WINSTON-SALEM, NC 27105 336-767-7395	Payment to American Express for Balance on Printer/Scanner Fax	1	CHECK	7/9/02	\$500.00		
					\$		
					\$		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
4. Payee Aggregated Non-Media Expense					\$12.00		
					\$		
					\$		
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
5. Total only this Page						\$1227.94	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$	
(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)							

Disbursements

1. Name of Committee or Fund						2. ID Number	
PARMON FOR NC House							
3. Type of Disbursement <i>(Please use separate CRO-1330 forms for each type of Disbursements.)</i>							
<input type="checkbox"/> Operating Expenses				<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	P.C. SIGN COMPANY 2534 COMMERCE RD CINCINNATI, OH 45251 1-800-472-3663		Campaign Signs		Credit Card		\$2,254.37
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	MARIE ROSEBORO 1444 HATHI AVENUE WINSTON-SALEM, NC 27105 336-725-4197		Paper/INK, STAPLES, CARDBOARD, Campaign CARDS/posters	1	Cash	4/20-6-1	\$368.28
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
5. Total only this Page						\$2,622.65	
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>						\$5,766.83	
<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>							

Disbursements

1. Name of Committee or Fund						2. ID Number		
PARSON FOR NC HOUSE								
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>								
<input type="checkbox"/> Operating Expenses				<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	EARLENE PARSON 3973 BARKWOOD DR WINSTON-SALEM, NC 27127 (336) 767-7395			Ring Fee	1	Check	2/29/02	\$207.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 207.00		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Staples Office Supplies 210 HAMMON CREEK RD RHEMERSVILLE, NC 27284 336 993-7474			Buy for scanner for parson on Davis Merrill Credit Card	1	Credit Card	3/3/02	\$187.13
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 687.13		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
								\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
								\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
								\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
								\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
5. Total only this Page							\$ 394.13	
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>							\$ 1666.46	
<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>								

Disbursements

1. Name of Committee or Fund		2. ID Number			
PARSON FOR NC HOUSE					
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
4. Payee NAACP 1225 EAST 5TH ST. WINSTON-SALEM, NC. 27101	Public Relations 1 ticket to Banquet	1	check	4/19/02	\$ 35.00
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 35.00	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
4. Payee Aggregated NON-MEDIA EXPENSE			check		\$ 35.00
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 35.00	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
4. Payee Hospitality mints BOONE, NC.	CASH TO be distributed AT CAMPAIGN EVENTS	1	check	4/19/02	\$429.58
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 429.58	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
4. Payee DORIS S. HEARSH 1735 Admure Rd WINSTON-SALEM, NC.	loan to deposit in bank		check	3/11/02	\$300.00
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 500.00	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
4. Payee Aggregated NON-Media Expense					\$45.00
b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 45.00	
5. Total only this Page					\$844.58
6. Total of ALL CRO-1310 Related Pages (only show on last page)					\$
(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)					

Disbursements

1. Name of Committee or Fund						2. ID Number	
PARMON FOR NC HOUSE							
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	MARIE ROSEBORO 1444 HATTIE AVENUE WINSTON-SALEM, NC 27105 (336) 725-4199		COMPUTER CARTRIDGES FOR FOLDER, PAPER, PITCHBANKS TO MAKE FILES, & CAMS	1	CHECK	3/21/02	\$200.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 200.00	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	MECHANICS & FARMERS BANK		CHECKS	1	BANK DEDUCTION	3/5/02	\$14.75
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 14.75	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Mediation Services of Forsyth County		Public Relations - 2 tickets for BATT NATIONS	1	CHECK	3/22/02	\$20.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 20.00	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Jomo Legins		BUY PLAIN T-SHIRTS	1	CHECK	3/29/02	\$128.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 128.00	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	MARIE ROSEBORO 1444 HATTIE AVENUE WINSTON-SALEM, NC 27105 (336) 725-4199		COMPUTER CARTRIDGES TO COMPLETE CAMPAIGN CLOSING FILES, JOSH KING'S	1	CHECK	4/16/02	\$65.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 245.00	
5. Total only this Page						\$421.75	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$	
(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)							

Loan Proceeds

1. Name of Committee or Fund		2. ID Number			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
	DORIS S. HERRELL 1735 ARMORE ROAD WINSTON-SALEM, N.C. 27127 (336) 788-0682	3/11/02	---		
	e. Job Title/Profession	f. Employer's Name/Specific Field	j. Form of Payment		
	Retired	Retired	CHECK		
	g. Security Pledged	k. Amount			
NONE	\$300.00				
h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
	EARLENE PARMON 3873 BARKWOOD DRIVE WINSTON-SALEM, NC 27105 (336) 767-7395	2/28/02	---		
	e. Job Title/Profession	f. Employer's Name/Specific Field	j. Form of Payment		
	Retired	Retired	CHECK		
	g. Security Pledged	k. Amount			
NONE	\$207.00				
h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
	DORIS S. HERRELL 1735 ARMORE RD WINSTON-SALEM, NC 27127 (336) 788-0682	3/11/02	---		
	e. Job Title/Profession	f. Employer's Name/Specific Field	j. Form of Payment		
	Retired	Retired	CHECK		
	g. Security Pledged	k. Amount			
NONE	\$45.00				
h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
	DORIS S. HERRELL 1735 ARMORE RD WINSTON-SALEM, NC 27127 (336) 788-0682	3/15/02	---		
	e. Job Title/Profession	f. Employer's Name/Specific Field	j. Form of Payment		
	Retired	Retired	CREDIT CARD		
	g. Security Pledged	k. Amount			
NONE	\$187.13				
h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field	j. Form of Payment		
	g. Security Pledged	k. Amount			
	\$				
h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
	e. Job Title/Profession	f. Employer's Name/Specific Field	j. Form of Payment		
	g. Security Pledged	k. Amount			
	\$				
h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					

4. Total only this Page \$ 739.13
 5. Total of ALL CRO-1410 Pages (only show on last page) \$ 739.13
 (This line must be on line 9 of Detailed Summary Page CRO-1100)

Outstanding Loans

1. Name of Committee or Fund		2. ID Number			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount
	DOANIS S. HERRELL 1735 ARDMORE ROAD WINSTON-SALEM, NC 27127 336-788-0683	3-11-02	Unknown		\$300.00
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	Retired				
	g. Security Pledged	None			
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount
	EARLINE PARMON 3873 BARKWOOD DRIVE WINSTON-SALEM, NC 27111 336-767-7395	2/28/02	Unknown		\$207.00
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	Retired				
	g. Security Pledged	None			
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount
	DOANIS S. HERRELL 1735 ARDMORE RD WINSTON-SALEM, NC 27127 336-788-0682	3/11/02	Unknown		\$45.00
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	Retired				
	g. Security Pledged	None			
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount
	DOANIS S. HERRELL 1735 ARDMORE RD. WINSTON-SALEM, NC 27127 336-788-0682	3/13/02	Unknown		\$187.13
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	g. Security Pledged				
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount
					\$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	g. Security Pledged				
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
4. Total only this Page					\$739.13
5. Total of ALL CRO-1430 Pages (only show on last page)					\$739.13
This line must be on line 28 of Detailed Summary Page CRO-1100					