

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 elect Ronnie Whetstone	c. ID Number OCBCV7
b. Mailing Address (include City, State and Zip Code) P.O. Box 968 Shelby, NC 28151	d. Date Filed 01/02/2019
JAN 02 2019	
e. Phone Number 704 482-7594	

2. Report Year 2018	3. Period Start Date (mm/dd/yy) 10/21/2018	4. Period End Date (mm/dd/yy) 12/31/2018	5. Treasurer Full Name Thomas Euell Crawford
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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	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<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"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<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 type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Home Trust Bank		a. Financial Institution Full Name	
b. Purpose Campaign Finance	c. Account Code JRW	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 5090.72		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.

Thomas E Crawford Thomas E Crawford 01/02/2019
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>1-2-2019</u>	Employee: <u>RHS</u>	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 elect Ronnie Whetstine		Year End		OCBCV7	
Start of Election Cycle: January 1, <u>2018</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 5090.72		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 45.00	\$	\$ 2609.00	
6) Contributions from Individuals	(CRO-1210)	\$	\$	\$ 12705.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 750.00	\$	\$ 750.00	
9) Loan Proceeds	(CRO-1410)	\$	\$	\$ 1000.00	
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)		\$ 795.00	\$	\$ 17064.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 438.41	\$	\$ 11616.69	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 3800.00	\$	\$ 3800.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	\$	
15) Loan Repayments	(CRO-1420)	\$ 1000.00	\$	\$ 1000.00	
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)		\$ 5238.41	\$	\$ 16416.69	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 647.31	\$	\$ 647.31	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	\$	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	\$	\$	
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)	\$	\$	\$	

Aggregated Contributions from Individuals

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Page

Amendment
1 of 1 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) Committee to elect Ronnie Whetstine	2. ID Number OCBCV7
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3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/>	Add	JRW	Cash		10/24/2018	\$ 25.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	JRW	Cash		10/29/2018	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
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<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$

4. Total only this Page	\$ 45.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 45.00

Contributions from Other Political Committees

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Amendment

of 1 Yes No

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 elect Ronnie Whetstine				OCBCV7	
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	
NC Realator PAC 4511 Weybridge Ln Greensboro, NC 27407		<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:		e. Election Sum to Date	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 750.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
JRW	Check		10/29/2018	\$ 750.00	
				\$	
				\$	
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:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
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:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 750.00	
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 750.00	

Disbursements

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

Amendment

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Yes No

1. Committee Full Name (and Fund if applicable) Committee to elect Ronnie Whetstine					2. ID Number OCBCV7	
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WOHS 1390 AM KTC Broadcasting, Inc. P.O. Box 415 Cherryville, NC 28201 704 482-1310			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JRW	Check	A	11/12/2018	\$75.00	Radio Ad	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) What's Up Shopper, Inc. P.O. Box 415 Cherryville NC 28201 704 435-2846			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JRW	Check	A	11/12/2018	\$150.00	What' Up Shopper Ad	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ken & Marys Restaurant 1628 S DeKalb St. Shelby, NC 28152 704 487-1777			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 28.41	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JRW	Debit Card	O	10/27/2018	\$28.41	Lunch for campaign worker	
				\$		
5. Total only this Page					\$ 253.41	
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>					\$ 438.41	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

JAN 02 2019

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 Ronnie Whetstine					OCBCV7	
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	
Cleveland County Boys and Girls Club 412 W Sumter ST. Shelby, NC 28150						
			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:		S 160.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JRW	Check	O	11/12/2018	\$110.00	Event Sponsor	
				\$		
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	
WOHS 1390 AM KTC Broadcasting Cherryville, NC 28201 704 482-1310						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		S 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JRW	Check	A	12/14/2018	\$75.00	Radio Ad	
				\$		
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	
			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:		S	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					S 185.00	
6. Total of ALL CRO-1310 Pages					S 438.41	
<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>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

JAN 02 2019
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Amendment Yes No

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
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses <input checked="" 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	
NC GOP 1506 Hillsborough St. Raleigh, NC 27605 919 828-6423					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3800.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JRW	Check	G	10/24 /2018	\$3300.00	Donation
				\$	
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	
Cleveland County GOP P.O. Box 1236 Shelby, NC 28151					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JRW	Check	G	10/12/2018	\$500.00	
				\$	
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	
		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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 3800.00
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>					\$ 3800.00
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Loan Repayments

JAN 02 2019

Amendment

Pg 1 of 1 Yes No

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to elect Ronnie Whetstine				OCBCV7	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
James Ronald Whetstine P.O. Box 968 Shelby, NC 28151					
				c. Original Loan Date	
				11/29/2017	
				d. Original Loan Amount	
				\$ 1000	
c. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 1000	JRW	Check	10/26/2018	\$ 1000	
\$				\$	
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	
				\$	
c. 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	
				\$	
c. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page					
				\$ 1000 ⁰⁰	
5. Total of ALL CRO-1420 Pages					
				\$ 1000 ⁰⁰	
<i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>					