

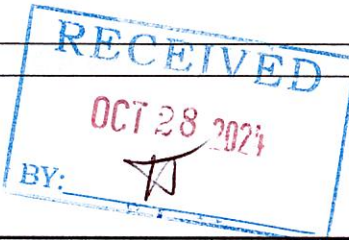
# Disclosure Report Cover

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



<b>1. Committee Information</b>	
a. Full Name MORCOMBE4SCHOOLBOARD	c. ID Number
b. Mailing Address (include City, State and Zip Code) 474 THOMPSON ROAD GRAHAM NC 27253	d. Date Filed 10/28/2024
	e. Phone Number 321-474-1708

<b>2. Report Year</b> 2024	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/2024	<b>4. Period End Date (mm/dd/yy)</b> 10/19/2024	<b>5. Treasurer Full Name</b> PETER HALEY MORCOMBE
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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
<b>7. Type of Fund (if applicable, check one)</b>		<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 checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input 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	<b>10. Special Report Name</b>
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<b>8. Number of Fundraisers this Report</b>		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
0			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name ATLANTIC UNION BANK	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance \$ 64.35	d. Period Begin Balance	d. Period Begin Balance	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.

P.H.MORCOMBE  
Printed Name of Signer

Signature of Appointed Treasurer

10/28/2024  
Date

**FOR OFFICE USE ONLY**

Date Received: 10/28/24 Employee:

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

**Delivery Method**

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

**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	
MORCOMBE4SCHOOLBOARD	3RD QUARTER		
<b>Start of Election Cycle:</b> January 1, <u>2024</u>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>	
4) Cash on Hand at Start	\$ 64.35	\$ 0	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 1,010.00	\$ 1,160.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 250.00	\$ 250.00	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$ 2,386.21	\$ 2,386.21	
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)	\$	\$	
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)	\$ 3,646.21	\$ 3,796.21	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 2,844.21	\$ 2,994.21	
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)	\$ 300.00	\$ 300.00	
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)	\$ 3,144.21	\$ 3,229.86	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 566.35	\$ 566.35	
<b>ADDITIONAL INFORMATION</b>			
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)	\$	\$	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
MORCOMBE4SCHOOLBOARD						
<b>3. Contributor Information</b>			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Henry Vines 3450 Isley Drive Snow Camp, NC 27349 336-263-0251			Farmer			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 100	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b>			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Maria Ines Morcombe 474 Thompson Road Graham, NC 27253 321-474-1749			Retired			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 300	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b>			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Bill & Sharon Pfeiffer 810 Beech Glen Court Mebane, NC 27302 973-687-7000			Retired			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 300	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 700.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1,010.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
MORCOMBE4SCHOOLBOARD						
<b>3. Contributor Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Lanny Herron 4039 Markwood Drive Bellmont, NC 28012 336-376-0367			Retired			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>		<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
John Staddon 5 Glenmore Drive Durham, NC 27253 919-522-9239			Retired			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 110.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>		<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>		<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$	310.00
<b>5. Total of ALL CRO-1210 Pages</b>					\$	1,010.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b> MORCOMBE4SCHOOLBOARD					<b>2. ID Number</b>
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> OFFICE DEPOT 1825 S Church St, Burlington, NC 27215 336-226-6122			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 470.77
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
	DEBIT CARD	B	9/19/24	\$ 470.77	FLYERS
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> DIRT CHEAP SIGNS 6706 Lohmans Fork Road Lago Vista, TX 78645			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 972.82
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
	DEBIT CARD	B	9/25/24	\$ 972.82	SIGNS
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> UPS, 2779, S Church Street, Burlington NC 27215  336-585-0022			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 237.04
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
	CHECK	B	10/15/24	\$ 237.04	
				\$	
<b>5. Total only this Page</b>					\$
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 2844.21
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
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

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

<b>1. Committee Full Name (and Fund if applicable)</b> MORCOMBE4SCHOOLBOARD					<b>2. ID Number</b>
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ALAMANCE NEWS 114 W Elm Street Graham, NC 27253 336-228-7851			<b>b. Coordinated Committee Name</b> _____		<b>d. Comments</b> _____
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 916.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
	CREDIT CARD	A	10/02/24	\$458.00	ADVERT
	CHECK	A	10/15/24	\$458.00	ADVERT
<b>4. Payee Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b> _____		<b>d. Comments</b> _____
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>4. Payee Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) DIALLING SERVICES 909 E Glencrest Drive, Spokane, WA99208 575-623-3660			<b>b. Coordinated Committee Name</b> _____		<b>d. Comments</b> _____
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 247.58
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
	DEBIT CARD	A	10/15/24	\$247.58	ROBO CALLS
				\$	
<b>5. Total only this Page</b>					\$
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 2,844.21
(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)					
<b>7. Purpose Codes</b> (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					

# Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b> MORCOMBE4SCHOOLBOARD				<b>2. ID Number</b>	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) PETER HALEY MORCOMBE 474 THOMPSON ROAD GRAHAM, NC 27514		<b>b. Job Title/Profession</b> RETIRED		<b>d. Comments</b> CANDIDATE LOAN	
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b> 09/19/24	
				<b>f. End Date (mm/dd/yyyy)</b> 10/19/24	
<b>g. Rate</b> 0 %	<b>h. Security Pledged</b> N/A	<b>i. Account Code</b>	<b>j. Form of Payment</b> IN KIND	<b>k. Amount</b> \$ 2,386.21	
<b>l. Full Name of Lending Institution</b> NOT APPLICABLE				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b> %		<b>e. Amount</b> \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b> %		<b>e. Amount</b> \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b> %		<b>e. Amount</b> \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b> %		<b>e. Amount</b> \$ 2,386.21	
<b>5. Total of ALL CRO-1410 Pages</b> <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				<b>\$ 2,386.21</b>	

# Loan Repayments

Use this form to report payments on an existing loan.

<b>1. Committee Full Name (and Fund if applicable)</b> MORCOMBE4SCHOOLBOARD				<b>2. ID Number</b>	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) PETER HALEY MORCOMBE 474 THOMPSON ROAD GRAHAM NC 27253				<b>b. Comments</b>	
				<b>c. Original Loan Date</b> 9/19/24	
				<b>d. Original Loan Amount</b> \$ 2,386.21	
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>	
\$ 2,086.21		CHECK	9/30/24	\$ 300.00	
\$				\$	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
				<b>c. Original Loan Date</b>	
				<b>d. Original Loan Amount</b> \$	
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>	
\$				\$	
\$				\$	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
				<b>c. Original Loan Date</b>	
				<b>d. Original Loan Amount</b> \$	
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>	
\$				\$	
\$				\$	
<b>4. Total only this Page</b>					
				\$	
<b>5. Total of ALL CRO-1420 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>					
				\$	