

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 <i>Committee to Eled Shai Woodbury</i>	c. ID Number <i>3CQ9TZ</i>
b. Mailing Address (include City, State and Zip Code) <i>3022 N. Glenn Avenue W-5 NC 27105</i>	d. Date Filed <i>02/24/2026</i>
	e. Phone Number <i>336-997-2286</i>

2. Report Year <i>2026</i>	3. Period Start Date (mm/dd/yy) <i>01/01/2026</i>	4. Period End Date (mm/dd/yy) <i>02/14/2026</i>	5. Treasurer Full Name <i>SARAH LAWANOA JACKSON</i>
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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	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
		<input 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
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	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	

7. Type of Fund (if applicable, check one)
<input type="checkbox"/> Booster Fund
<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other:
8. Number of Fundraisers this Report

10. Special Report Name

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>First Citizen Bank</i>	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose <i>Committee Fund</i>	c. Account Code <i>4shai</i>	b. Purpose	c. Account Code
d. Period Begin Balance \$ <i>0</i>	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.

SARAH L. JACKSON
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

02/24/2026
Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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
Committee to Elect Shari Woodby		3CQ9TZ
Start of Election Cycle: January 1, 2026	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 500.00	\$ 500.00
6) Contributions from Individuals (CRO-1210)	\$ 825.00	\$ 825.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)	\$ 930.00	\$ 930.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 2255.00	\$ 2255.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 0	\$ 0
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 2.43	\$ 2.43
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$ 0
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2.43	\$ 2.43
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2252.57	\$ 2252.57
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 1444.31	
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)	\$	

RECEIVED
 21 PM 4:11
 OFFICE OF THE CLERK

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) <i>Committee to Elect Shai Woodbury</i>						2. ID Number <i>3CQ9T2</i>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Brian Hart 3892 Beeson Dairy Road W-5 NC 27105</i>				b. Job Title/Profession <i>Worker</i>		d. Comments	
				c. Employer's Name/Specific Field <i>BAT</i>		e. Election Sum to Date <i>\$ 200.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>4Shai</i>	<i>ActBlue</i>	<i>Donation</i>	<i>1/10/2026</i>	<i>\$ 200.00</i>		
<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) <i>Clem Williamson 2626 S. Mebane St. Burlington, NC 27215</i>				b. Job Title/Profession <i>Insurance Owner</i>		d. Comments	
				c. Employer's Name/Specific Field <i>Beacon Financial Insurance Group</i>		e. Election Sum to Date <i>\$ 100.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>4Shai</i>	<i>ActBlue</i>	<i>Donation</i>	<i>1/10/2026</i>	<i>\$ 100.00</i>		
<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) <i>Linda Winkoff 3949 Chilton Drive Winston-Salem NC 27106</i>				b. Job Title/Profession <i>N/A</i>		d. Comments	
				c. Employer's Name/Specific Field <i>N/A</i>		e. Election Sum to Date <i>\$ 100.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>4Shai</i>	<i>ActBlue</i>	<i>Donation</i>	<i>1/11/2026</i>	<i>\$ 100.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <i>400.00</i>	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ <i>825.00</i>	

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 POLS/STH/COINITY

Contributions from Individuals

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Amendment
 Yes No

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 elect Shai Woodbury						3009TZ	
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	
Angela Copeland 5408 Williams Place Court Winston-Salem, NC 27106				VP Technology			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Truist		\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	4shai	Act Blue	Donation	1/14/2026	\$ 75.00		
<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	
George Dunlap 13410 Homewood Drive Charlotte, NC 28262				Elected official			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Mecklenburg County		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	4shai	Act Blue	Donation	02/06/2026	\$ 250.00		
<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	
Isiah Black 3400 Del Rio Court W-S NC 27105				N/A			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				N/A		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	4shai	Act Blue	Donation	12/28/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 425.00	
5. Total of ALL CRO-1210 Pages						\$ 825.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

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 RECEIVE
 MECKLENBURG COUNTY

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Shai Woodbury				3CQ9T2	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Nalishai Woodbury 3022 N. Glenn Avenue WS NC 27105		A&T Professor			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		A&T University		11/13/2026	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		4 Shai	CASH	\$ 330.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

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 BOB M... ELECT...
 FUNDRAISING...

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Shai Woodbury				3CQQT2	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Malisha Woodbury 3022 W. Glenn Avenue W-S NC 27105		Professor			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		AT University		2/10/2026	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		4shai	CASH	\$ 350.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
5. Total of ALL CRO-1410 Pages				\$	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

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 1000 STATE BOARD OF ELECTIONS

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to elect Shai Woodbury				3CQ9T2	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Malishai Woodbury 3022 N. Glen Avenue WS NC 27105		Professor			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		A&T University		02/12/2020	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		4 Shai	CASH	\$250 ⁰⁰	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$	
(This line must be on line 9 of Detailed Summary Page CRO-1100)					

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 BOARD OF ELECTIONS
 STATE OF NORTH CAROLINA

Outstanding Loans

Pg 1 of 3

Amendment
 Yes No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Shai Woodbury		3CQ9T2	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Malishai Woodbury 3022 N. Glenn Avenue WS NC 27105		Professor	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		A&T University	02/28/2022
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 100.00	\$ 100.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Malishai Woodbury 3022 N. Glenn Avenue WS NC 27105		Professor	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		A&T University	3/12/2022
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 100.00	\$ 100.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Malishai Woodbury 3022 N. Glenn Avenue WS NC 27105		Professor	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		A&T University	5/21/2022
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 375.00	\$ 64.31
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 264.31	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 1444.31	

Outstanding Loans

Pg 2 of 3

Amendment
 Yes No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to elect Shai Woodbury		3CQT9Z	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Malishai Woodbury 3022 N. Glenn Avenue W-S NC 27105		Professor	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		A&T University	09/27/2022
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 250.00	\$ 250.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Malishai Woodbury 3022 N. Glenn Avenue WS NC 27105		Professor	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		A&T University	01/13/2026
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 330.00	\$ 330.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Malishai Woodbury 3022 N. Glenn Avenue WS NC 27105		Professor	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		A&T University	2/10/2026
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 350.00	\$ 350.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 930.00	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 1444.31	

Outstanding Loans

Pg 3 of 3

Amendment
 Yes No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Shai Woodbury		3CQ9TZ	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Malishai Woodburg 3022 N. Glenn Avenue WS NC 27105		Professor	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		A&T University	2/12/2026
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 250.00	\$ 250.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 250.00	
5. Total of ALL CRO-1430 Pages		\$ 1444.31	
<small>(This line must be on line 21 of Detailed Summary Page CRO-1100)</small>			