Use this form to update information 1. Committee Information 2. Full Name Committee To Elect Sharnon Davis 3. Mailing Address (include City, State and Zip Code) PAC (mindAdVy) 2. Report Year 3. Period Start Date (mindAdVy) 2. Report Year 4. Period End Date (mindAdVy) 2. Report Year 5. Treasurer Full Name 5. Sharon A. Davis 6. Type of Committee (Check One) 8. Type of Committee (Check One) 9. Type of Report 1. Startocoarty 8. Reformation 1. Committee Carneyin 1. Period Reformation 1. Startocoarty 2. Reformation 2. Reformation 3. Starton A. Davis 4. Period End Date (mindAdVy) 2. Type of Committee (Check One) 2. Type of Committee (Check One) 3. Type of Committee (Check One) 4. Period End Date (mindAdVy) 5. Treasurer Full Name 5. Starton A. Davis 6. Type of Committee (Check One) 9. Type of Report 1. Committee Check one) 1. Period End Date (mindAdVy) 1. Startocoarty 1. Account Information 2. Final 3. Special 4. Period End Date 5. Treasurer Full Name 5. Somi-emmal 1. Account Information 2. Final 3. Final 4. Period End Date 5. Treasurer 5. Type of Fund 5. Special 5. Type of Fund 5. Startocoarty 5. Special 5. Type of Fund (mindAdVy) 7. Type of Fund 7. Type of Fund 7. Type of Fund 8. Final 8. Final 8. Final 9. Purpose 1. Account Information 9. Final 9. Purpose 1. Account Information 9. Final 9. Final 9. Purpose 1. Account Information 1. Final 9	Disclosure Rep	•	C			Yes No			
1. Committee Information 2. Pal Name 2. Committee To Elect Sharon Davis 3. Mailing Address (include City, Shate and Zip Code) 4. Date Filed P.O. Box 3475 Durham NC 27702 2. Report Year 3. Period Start Date (mm/Add/yy) 4. Period End Date (mm/Add/yy) 4. Period End Date (mm/Add/yy) 5. Treasurer Full Name 2020 10/18/2020 12/31/2020 6. Type of Committee (Check One) 2. Candidate Campaign 2020 10/18/2020 12/31/2020 6. Type of Committee (Check One) 2. Candidate Campaign 2020 10/18/2020 12/31/2020 6. Type of Fund (Fundation Date	Use this form for general report and committee information, must be signed and submitted along with other detailed forms.								
A. Distribution of Deleting Sharon Davis C. ID Number									
Description Committee To Elect Sharon Davis		nation		THE STATE OF	The source of	a ID Number			
Date Field PO Box 3475 Durham NC 27702 C. Phone Number 9192577808 PO Box 3475 Po B		Sharon Davie				c. 1D Number			
P O Box 3475 Durham NC 27702 2. Report Year	Committee To Elect	Sharon Davis							
Durham NC 27702 2. Report Year 3. Period Start Date (amn/dd/yy) 4. Period End Date (amn/dd/yy) 5. Treasurer Pull Name 2020 10/18/2020 Sharon A. Davis Candidate Campaign Party Municipal Start-County Referendum Organizational Organ		ide City, State and Zip Code)				d. Date Filed			
2. Report Year 2. Candidate Compaign 2. Referendum 2. Candidate Compaign 3. Part Organizational 3. Port Organizational 3. Pre-referendum 3. Pre-referendum 4. Pre-referendum 5. Pre-referendum 6. Semi-sanual 7. Type of Fund 7. Type of Fund 8. Number of Fundraisers this Report 7. Type of Fund 9. Type and Semi-sanual 9. Semi-sanual									
2. Report Year 2. Report Year 3. Period Start Date (una/dd/yy) 10/18/2020 10/18/2020 10/18/2020 5. Treasurer Full Name Sharon A. Davis Sharon A. Davis 12/31/2020 5. Treasurer Full Name Sharon A. Davis Sharon A. Davis Candidate Campaign Party Manicipal State/County Referendam Organizational Organizational Organizational Organizational Organizational Organizational Pre-referendam Pre-referendam	Durham NC 27702								
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 12/31/2020 5. Treasurer Full Name 2020 10/18/2020 12/31/2020 5. Aron A. Davis 6. Type of Committee (Check One) 2. Candidate Campaign Party Musicipal Start/County Referendum Organizational Organiza						e. Phone Number			
2020 10/18/2020 12/31/2020 Sharon A. Davis						9192577808			
6. Type of Committee (Check One) 9. Type of Report State/County	2. Report Year	3. Period Start Date (mm/d	(d/vv)	End Date	5. Treasurer Full	Full Name			
Candidate Campaign	2020	10/18/2020	12/3	1/2020	Sharon A. Davis				
Candidate Campaign	6 Type of Committee	on (Check One)	9 Type of Report	(check or	nly one type of report	from one category)			
PAC									
Independent Joint Fundraiser Thirty-five day Quarterfy Pre-referendum Legal Expense Fund Final Supplemental Final Supplemental Final Supplemental Final Supplemental Final Special Special Supplemental Final Special Special Supplemental Final Special Spe		· = ·				+ <u> </u>			
Expenditure Legal Expense Fund Pre-primary First Final Supplemental Final Annual Special Supplemental Final Annual Special Supplemental Final Annual Special Supplemental Final Annual Special Special Supplemental Final Annual Special Special Supplemental Final Annual Special	Independent			-	_				
7. Type of Fund (f/applicable, check one)			Innity-live day	'	Quarterly				
Building Fund			Dra primory		First	Final			
Building Fund Pre-runoff Semi-annual Fourth Semi-annual Special		(п) аррисате, спеск те)	1 = 1						
Other: Semi-annual Semi-annual Semi-annual Semi-annual Semi-annual Mid Year Mid Year Mid Year Mid Year Semi-annual Year End Mid Year Year End Year End Year End Year End Special Special 11. Account Information Special Special Special 11. Account Information Special Special Special Special Special Special Special 11. Account Information Special	 _ 		l 🗮	H					
Other: Mid Year									
Final Special Final Fina				r	Semi-annual				
Final Special Final Fina	Other:		Year End	ı 📗	Mid Year	10. Special Report Name			
Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Specia					Year End				
11. Account Information a. Financial Institution Full Name Suntrust Bank b. Purpose Campaign 2839 d. Period Begin Balance \$ 133.46 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 Beard of Elections. Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Data Entered: Employee: Employee: Employee: 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,	8. Number of Fundr	aisers this Report	Special Special		Final				
a. Financial Institution Full Name Suntrust Bank b. Purpose					Special				
Suntrust Bank b. Purpose	11. Account Informa	ation		11. Account	Information				
Delivery Method Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Date Date Entered: Employee: Employee: Employee: Employee: Date Date Entered: Employee: Employee: Employee: Employee: Employee: Date Postmarked: Employee: Employee: Employee: Date Date Entered: Employee: Employee: Date Postmarked: Date Date Entered: Employee: Date Postmarked: Employee: Date Postmarked: Date Date Entered: Employee: Date Postmarked: Employee: Date Postmarked: Date Date Entered: Employee: Date Date Entered: Employee: Date Date Entered: Date Date Entered: Employee: Date Date Entered: Date Date Entered: Employee: Date Date Entered: Date Date Date Date Date Date Date Date	a. Financial Institution F	ull Name		a. Financial Ins	titution Full Name				
Campaign 2839	Suntrust Bank	Tr.							
d. Period Begin Balance \$ 133.46 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 Statuthoard of Elections. Printed Name of Signer Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Employee: Employee: Employee: Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,		c. Account Code		b. Purpose		c. Account Code			
S 133.46 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. Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Date Data Entered: Employee: Employee: 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,	Campaign	283	39						
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 heard of Elections. Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Employee: Employee: Date Data Entered: Employee: Date Data Entered: Employee: Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,		d. Period Begin Balance	2			d. Period Begin Balance			
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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. Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Employee: Employee: Date Data Entered: Employee: Employee: Date Date Data Entered: Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	CERTIFICATION								
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Date Data Entered: Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	Date Scanned:		Employee	2021 —		Signer has not received			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	Date Data Entere	ed:	3			mandatory training			
				M BOE					
	Please Note: This					ess, treasurer, assistant treasurer,			

Amendment

Amendment Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

	ype of Report		3. ID Number
Committee to Elect Sharon Davis			
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 51.56	\$ 51.56
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 980.00
6) Contributions from Individuals	(CRO-1210)	\$	\$ 4801.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 2000.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	er hadas assunden antaram: en antaña den servici en menantre entre bra en		
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	d and 11e)	\$ 0	\$ 7781.04
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 45.00	\$ 5561.54
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 1000.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 53.00	\$ 1354.06
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	and 17)	\$ 98.00	\$ 9359.33
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract		\$ 149.56	\$ -1617.71
ADDITIONAL INFORMATION		N. P. T. P. C. L.	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1000.00	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	Maria de la compansión de
24) Account Transfers Within the Compute ERSON	(CRO-1720)	\$	AND SHAPE OF THE SAME
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans JAN 1 2 2021	(CRO-1440)	\$	\$
Torgiven Zound			
27) 48-Hour Notice Reports Sum DURHAM BOE	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Disburseme				Pg		of		☐ Yes	☐ No
			ee :	for; operating expenses,	contrib	outions to	candid	late/political	
	coordinated party ex	A	_						
	ull Name (and Fund	d if applicable)	1.4					2. ID Number	
	lect Sharon Davis		-				- //		
***	. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
							oordinate	ed Party Expenditures	
4. Payee Inform			_	dd	Remo	ove	1.0	Tal sel Lawrence	
	ng Address & Phone		D.	. Coordinated Committee N	ame		a. C	omments	
(include city, state,	& zip)								
Suntrust Bank			-	Lavel Desistand (Cassife)			fee	S	
200 Mangum St Durham NC 27			c. Level Registered (Specify) Federal County:						
Durnam NC 27	701					a Fl	lastion Sum to Date		
			-	State Municipality: e. Election Sum to Date			ection Sum to Date		
				\$ 803.77					
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Am	ount	k. Re	equired Remarks	
					1		fees		
2839	debit	k		10/30/2020	\$15.0	00	1000	,	
2020	1 1 1	1		11/00/0000	fees fees				
2839	debit	k		11/30/2020	\$15.0)0			
4. Payee Inform	ation		A	dd 🔲	Reme	ove			
a. Full Name, Maili	ng Address & Phone		b.	. Coordinated Committee N	ame		d. C	omments	
(include city, state,	& zip)								
same as abive			L				_		
			c.	Level Registered (Specify)					
			Federal County:						
				State	Munic	cipality:	e. El	lection Sum to Date	
							\$	818.77	
f. Account Code	- Form of Down and	h. Purpose Code	L	: Date ()			1. D		
1. Account Code	g. Form of Payment	n. 1 ur pose Code	i. Date (mm/dd/yyyy)		j. Am	ount	fees	equired Remarks	
2839	debit	k		12/31/2020	\$15.0	00	rees)	
			-				1		
	\	k			\$,		
4. Pavee Inform	ation		A	\dd	Rem	ove			4713-01-1
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name			d. C	Comments		
(include city, state,	•								
	2000								
			C.	c. Level Registered (Specify)					
			Federal County:		y:				
				State	Munic	Municipality:		lection Sum to Date	
						\$			
	- IN	PERSON	L						
f. Account Code	g. Form of Payment	n. Purpose Code		i. Date (mm/dd/yyyy)	j. Am	ount	_	equired Remarks	
		1411 4 0 0004			\$		fees	3	
		JAN 1 2 2021	_		ļ .		-		
					\$		fees	š	
5. Total only this Page DURHAM BOE						•	45.00		
	CRO-1310 Pages	O. W.					\$	45.00	
	_	omary Page CRO-110	n if	Oneratina Fynenses)					
(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)									
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 - Politic	cal	Party	H	* - Holdin	g Publi	ic Office Expenses	
I - Postage	J - Penalties	K* - Offic	ce l	Expenses	Q	* - Donati	ion to L	Legal Expense Fund	l
O* - Other * Codes require	e detailed explanati	ion in required re	em	arks field (k)					La Freila

Disbursements

Amendment

Use this form to report non-moneta Use CRO-1215 if In-Kind Contribu					e com	nittee or fund.
1. Committee Full Name (and Fu	Number					
Committee to Elect Sharon Davis						
3. Contributor Information	Add	Remove	Day			
a. Full Name, Mailing Address & Phone		b. Type	of C	ontributor	c. Con	nments
(include city, state, & zip)			Indiv	ridual	in ki	nd donotat
Sharon A. Davis			Cand	lidate		
913 Garcia Ave			Party	r		
Durham NC 27704			PAC			
			Refe	rendum	d. Ele	ction Sum to Date
			Othe	r Receipt Source	\$	
e. Description				f. Date (mm/dd/yy	уу)	g. Fair Market Amount
US Postal Box Rental Fee				10/31/202	0	\$ 53.00
						\$
						\$
3. Contributor Information	Add	Remove			12(1)	
a. Full Name, Mailing Address & Phone			of C	ontributor	с. Сот	nments
(include city, state, & zip)				vidual		
(merade erey, suite, & 22p)				lidate		
			Party			
			PAC			
		=		rendum	d. Ele	ction Sum to Date
				r Receipt Source	ui Die	thon built to Date
			Ollic	1 Receipt Source	\$	
e. Description				f. Date (mm/dd/yy	уу)	g. Fair Market Amount
						\$
						\$
				_		\$
3. Contributor Information	Add	Remove				Curry plant has been as
a. Full Name, Mailing Address & Phone				ontributor	c. Cor	nments
(include city, state, & zip)				vidual .		
			Cano	lidate		
			Party			
			PAC			
	🖵			rendum	d. Ele	ction Sum to Date
	IN PERSON		Othe	r Receipt Source	\$	
e. Description	INFLICOIT	1		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
	JAN 1 2 2021					\$
						\$
	DURHAM BOE					\$
4. Total only this Page	STATE THE STATE OF			THE RELIGION OF SECTION AND ADDRESS.	\$	53.00
5 Total of ALL CDO 1510 Page			-		Ψ	20100

(This line must be on line 17 of Detailed Summary Page CRO-1100)

In-Kind Contributions

53.00

Amendment

Yes

No s

Outstanding Loans

		Amendment				
Pg	 of			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 N	ame (and Fund if applicable	e)		2. ID Number
Committee to Elect S	haron Davis			
3. Lender Information	on 🗀 A	dd	Remove	
a. Full Name, Mailing Ad	d. Comments			
(include city, state, & zi			Title/Profession	We Commission
Mona Y Holt		Retire	d	
1545 Archer Road				e. Start Date (mm/dd/yyyy)
Bronx NY		c. Empl	oyer's Name/Specific Field	
917-549-6287			Oyer of tune opening 11112	01/11/20156
				0 TO 1 TO 1 (33/4-1)
				f. End Date (mm/dd/yyyy)
g. Rate	j. Remaining Loan Balance			
0 %	0		\$ 1000.00	\$ 1000
			Φ 1000.00	1000
k. Full Name of Lending I	nstitution			l. Loan Number
3. Lender Information	on A	dd	Remove	
a. Full Name, Mailing Add		T **	Title/Profession	d. Comments
(include city, state, & zi		D. 000 1	IUC/1 Totession	d. Comments
, , , , , , , , , , , , , , , , , , , ,	Ε'	1		
				e. Start Date (mm/dd/yyyy)
		c. Emplo	oyer's Name/Specific Field	
	f. End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged		1 Online I I can Amount	D. Calant V. and Balance
	u. Security Ficugeu		i. Original Loan Amount	j. Remaining Loan Balance
%			\$	\$
k. Full Name of Lending I	nstitution			l. Loan Number
3. Lender Informatio		dd	☐ Remove	
a. Full Name, Mailing Add		b. Job Ti	itle/Profession	d. Comments
(include city, state, & zij	p)	-		
				Start B. 4 (11-121/)
		c Emplo	yer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		t. Limpiu	yer s name/opecine rieiu	_
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Hedged	1	! Outstand I som Amount	t D. C. V. Deleve
	u. Security r leaged		i. Original Loan Amount \$	j. Remaining Loan Balance
%	\$			
k. Full Name of Lending In	l. Loan Number			
4 Total cale this Do-	DURHAM BO			
4. Total only this Pag 5. Total of ALL CRO	\$ 1000			
(This line must be on line	\$ 1000.00			
(of Demice Sammer's 1 48c CIT	J-1100)		