Disclosu	re F	Report C	over					
17 -11 - 0		4			_			

Amendment Yes

No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

1. Committee Inform	nation	Media Renear	Manufacture,	RESERVED IN SERVE	
a. Full Name	Bation				c. ID Number
JoAnne Allen Comm	uittee For Mayor	7)	31/-9 All	11.25	c. 1D Number
TO WE WE TO BE AND THE STATE OF		Char.	DEL D MIT	11.33	
	ude City, State and Zip Code)	1	1	- ( )	d. Date Filed
P.O. Box 284 Winston-Salem, NC	27102 (Amer	nded) '			07/06/2020
<b>I</b>		J :			e. Phone Number
					336-602-5369
Taken and the same with the			***		330-002-3307
2. Report Year	3. Period Start Date (mm/d	ld/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name
2020	02/16/2020		30/2020	Millicent JoAnne	Allen
6. Type of Committee	ee (Check One)	9. Type of Repor	t (check or	nly one type of report	from one category)
Candidate Campai		Municipal		County	Referendum
PAC	Referendum	Organizationa		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	ıy	Quarterly	Pre-referendum
Legal Expense Fur					
7. Type of Fund	(if applicable, check one)	Prc-primary		First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Prc-runoff		Third	Annual
		Semi-annual		Fourth	Special
Other:		Mid Yea		Semi-annual	
U Other.		Year End		Mid Year	10. Special Report Name
O Marinhan of Francis	ation this Donout	Final		Year End	
8. Number of Fundraisers this Report Special				Final	
	<b>•</b> 33-3-				
	0			Special	
11. Account Informa	0 Ition		11. Account	Special  Information	
11. Account Informa	0 Ition	Server of the server of	11. Account	Special	
11. Account Informa a. Financial Institution Fo	0 ution uli Name		11. Account a. Financial Ins	Special  Information	
11. Account Informa a. Financial Institution Fu Allegacy b. Purpose	0 Ition		11. Account	Special  Information	c. Account Code
11. Account Informa a. Financial Institution Fo	0 ution uli Name		11. Account a. Financial Ins	Special  Information	c. Account Code
11. Account Informa a. Financial Institution Fu Allegacy b. Purpose Campaign Account For Expenditures	0 ution uli Name		11. Account a. Financial Ins	Special  Information	c. Account Code  d. Period Begin Balance
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11. Account Informa a. Financial Institution Fu Allegacy b. Purpose Campaign Account For Expenditures And Receipts	c. Account Code		11. Account a. Financial Ins	Special  Information	
11. Account Informa a. Financial Institution Fu Allegacy b. Purpose Campaign Account For Expenditures And Receipts CERTIFICATION	c. Account Code  d. Period Begin Balance  \$ 713.83		11. Account a. Financial Ins b. Purpose	Special  Information titution Full Name	d. Period Begin Balance
a. Financial Institution Fundlegacy b. Purpose Campaign Account For Expenditures And Receipts CERTIFICATION I certify that the Committee	c. Account Code  d. Period Begin Balance \$ 713.83	ance with all applica	a. Financial Ins b. Purpose able provisions	Information titution Full Name  of Article 22A, 22B,	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of
a. Financial Institution Fund Allegacy b. Purpose Campaign Account For Expenditures And Receipts  CERTIFICATION I certify that the Community NC General Statut	c. Account Code  d. Period Begin Balance \$ 713.83  mittee or Fund is in compliates and that no funds are co	ance with all applica	a. Financial Ins b. Purpose  able provisions nibited or other	Information titution Full Name  of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance
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11. Account Informa a. Financial Institution Fu Allegacy b. Purpose Campaign Account For Expenditures And Receipts  CERTIFICATION I certify that the Commenter NC General Statut is complete, true and complete tr	c. Account Code  d. Period Begin Balance \$ 713.83  mittee or Fund is in complicates and that no funds are concorrect and that I have been a full for the control of the con	ance with all applica miningled with profits trained by the NO	a. Financial Ins b. Purpose  able provisions nibited or other State Board of lucky with the state of the stat	of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance  \$ 22D-22M of Chapter 163 of I further certify that this report
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Allegacy b. Purpose Campaign Account For Expenditures And Receipts  CERTIFICATION I certify that the Community that the Community Complete, true and complete, true and complete true and comple	c. Account Code  d. Period Begin Balance \$ 713.83  mittee or Fund is in compliates and that no funds are concorrect and that I have been formulated Name of Signer  NLY  9920  d:	ance with all applica miningled with profit trained by the No. S  Employee: Employee: Employee: Employee:	a. Financial Ins  b. Purpose  able provisions nibited or other State Board of learning and the state of appointment of appoint	of Article 22A, 22B, non-disclosed funds. Elections	d. Period Begin Balance  \$ 22D-22M of Chapter 163 of I further certify that this report  09/04/2020  Date  Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received

 $\boxtimes$ No

**Detailed Summary**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
JoAnne Allen Committee For Mayor	Special		
Start of Election Cycle: January 1,	2020	Total t	
4) Cash on Hand at Start		\$ 713.83	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
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 Organization	ons (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)	c, 11d and 11e)	\$ 0	\$ 0
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 159.77	\$ 159.77
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	\$
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)	\$ 400.00	\$ 400.00
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$ 559.77	\$ 559.77
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$ 154.06	\$ 154.06
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	ns) (CRO-1430)	\$ 850.00	
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)	\$	\$

DISDUISEN				Pg 1	anciditeit
Use this form to	o report expenditure:	s from the committ	ee for operating evoc	rķ <u>i</u> (	of 3 Yes No to candidate/political
committees and	coordinated party e	xpenditures.	oo ior, operating expe	mses, contributions	to candidate/political
1. Committee	Full Name (and Fu	nd if applicable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Service Andrews	
IoAnne Allen	Committee For May	in it abbucante).		And the second	2: ID Number
2 /14	Committee For May	Ur			
5. Type of Dist	oursement (Ple	ase use separate (	RO-1310 forms for e	ach type of Disbur.	sement)
Detailing I	Expenses	Contributions to Car	ndidates/Political Committe	es	Coordinated Party Expenditures
4. Payee Inform	mation		.Add	Remove 4	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Commi	ttee Norme	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(include city, state			27 COST GIBBLION COMMIN	etec Itablic	d. Comments
Sam's Club	, c. 1xp)		-		•
284 Summit Sq	nea Dlad			<del></del>	
	. ,		c. Level Registered (Spe	ecify)	
Winston-Salem	i, NC 2/105'		Federal Federal	County:	
			State	Municipality:	e. Election Sum to Date
				<del></del>	
					\$ 34.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	) 3 A	
			n Date (mandaryyyy	) j. Amount	k. Required Remarks
1	Debit Card	0	02/29/2020	\$19.34	Lunch/
	<del></del>	<del></del>	<del></del>		Volunteers
1	Debit Card	0	03/01/2020	\$15.26	Snacks/
te de l'inserter s	<u>i</u>			W15.20	Volunteers
4. Payee Inform	<del></del>		Add	Remove .	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Commit		d. Comments
(include city, state,	& zip)				u. Complete
Wal-Mart					
320 E. Hanes M	fill Ra		a I amal Dantata a 1400	<u> </u>	<b>⊣</b> i
Winston-Salem			c. Level Registered (Spe		
W maton-Datem	, 140 27 103		Federal	County:	
			State	Municipality:	e. Election Sum to Date
	1		· · · · · · · · · · · · · · · · · · ·		
<del> </del>					\$ 25.43
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	i. The minute of the
1	2112			J. Zamount	k. Required Remarks
1	Debit Card	K	03/01/2020	\$25.43	Office Supplies
				<del></del>	
				\$	
A Dames Total					_
4. Payee Inform			Add	Remove .	
	ng Address & Phone		b. Coordinated Committ	ee Name	d. Comments
(include city, state,	& zip)	ſ			
Staples					l i
210 Harmon Ro	ad	ŀ	c. Level Registered (Spec	-16.3	<u></u>    -
Kernersville, NO					<u> </u>
, ; ; ;	j 27.20 t		Federal [	County:	
	į .	ļ.	State	Municipality:	e. Election Sum to Date
	!				ft 165.00
					\$ 165.92
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	В	02/22/22		Leaflets
		Ь	03/02/2020	\$38.43	Sources
	<del>-</del>			<del></del>	<del>-    </del>
				\$	
5. Total only thi	s Page	. The second second	A STATE OF SERVICE		
	CRO-1310 Pages		- 1 × 1 × 1 × 1	and a season of	\$ 98.46
W. TORRI OF ALL	CRU-1310 Pages			ুল্প জালুকু ক্রিট্র নিজ্ঞান ক্রিট্র	
(1 nis tine goes in i	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)		150 77
(This line goes in l	line 13b of Detailed Sum	mary Page CRO-1100	if Contrib to Candidates/Po	olitical Comm)	\$ 159.77
(This line goes in l	ine 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expe	nditures)	1
7. Purpose Code	s (List detailed exp	enditure code in (1	above)		
A* - Media	B* - Printing	C* - Fundr			ther Candidate
E - Salaries	F* - Equipment	G - Politica		11 - 10 Min	ng Public Office Expenses
l - Postage	J - Penalties	K* - Office		+-uoioii - ×O	ion to Legal Expense Fund
O* - Other			-		1
* Codes require	detailed explanation	on in required rea	narks field (k)		
CPO 1310				<del></del>	· · · · · · · · · · · · · · · · · · ·

**Disbursements** 

Amendment

Disbursem	ante					Amendment		
	·	from the committee	Pg		of <u>3</u>	Yes		No
committees and	coordinated party ex	rom me commu menditures	ee for; operating expenses	s, contributions	to candida	ite/political		
	full Name (and Fun			27 · 20 · 10 · 10 · 10 · 10 · 10 · 10 · 10		2. ID Number	<del></del>	_
	Committee For Mayo		****		<del> </del>	2. 1D Number	*	
3. Type of Disb	<del></del>		RO-1310 forms for each	tune of Dishur	(ement	र अनुसर के	·	
Operating E			didates/Political Committees	Type of Disour.		d Party Expenditure	5	_
4. Payee Inform			Add	Remove	,		<u>-                                      </u>	-
	ing Address & Phone	· · · · · · · · · · · · · · · · · · ·	b. Coordinated Committee 1	<del></del>	d. Co	mments	<del></del>	_
(include city, state,	-	•						
Go Daddy								
14455 N Hayde	n Road		c. Level Registered (Specify)	)				
Suite 226			Federal	County:				
Scottsdale, AZ			State	Municipality:	e. Ele	ction Sum to Date		
85260-6947					\$ 1	69.00		
<del></del>	1		·					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		quired Remarks		
1	Electonic	0	03/13/2020	\$9.99	Web	site		
1	Electronic	О	04/13/2020	\$9.99	Web	site		
4. Payee Inform	nation	\$ 30 E 65	Add " "	Remove				3
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee I	Name	d. Co	mments	· / · · · ·	
(include city, state,	& zip)							
<b>US Post Office</b>				_				
1500 N. Patters	on Ave		c. Level Registered (Specify)	)				
Winston-Salem,	, NC 27105		Federal	County:				
			State	Municipality:	e. Ele	ction Sum to Date		
					\$ 1	3.10		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
1	Debit Card	I	03/18/2020	\$2.10	Posta	age		
1	Debit Card	I	03/24/2020	\$11.00	Posta	age		
4. Payee Inform	nation	· ,	Add	Remove	<del></del>	<del></del>		
	ing Address & Phone	<del></del>	b. Coordinated Committee I		d. Co	mments	<del></del>	
(include city, state,						<u> </u>		
US Post Office		<u> </u>						
7840 N. Point E	3lve. Ste 110		c. Level Registered (Specify)	)				
Winston-Salem	, NC 27106		Federal	County:				
			State	Municipality:	e. Ele	ction Sum to Date		
					\$ 2	21.35		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
1	Debit Carad	I	04/02/2020	\$8.25	Posta	age		
				\$		-	<del></del> .	
AT ORDER TO COMMON AND	1		<del></del>		-\ <u>\$</u>	41.33		_
5. Total only th	CRO-1310 Pages	**************************************		41	P	71.33		
U. TUCALUL ALL	line 13a of Detailed Sur	nmary Page CRO-110	0 if Operating Expenses)	······································		150 55		
( a nia mie goes m	Low of Leading Sull		. , . ,	4 10	\$	159.77		

(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) D - To Another Candidate C\* - Fundraising A\* - Media B\* - Printing H\* - Holding Public Office Expenses F\* - Equipment G - Political Party E - Salaries Q\* - Donation to Legal Expense Fund K\* - Office Expenses J - Penalties I - Postage O\* - Other \* Codes require detailed explanation in required remarks field (k) ----December 2009 NC State Board of Elections CRO-1310

***			
Dis	bu	rsem	ents

Amer	ndment	
Ø	Yes	

]	No

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

			Sand Sand Sand Sand Sand Sand Sand Sand		2. ID Number
JoAnne Allen C	Committee For May	or			
3. Type of Disb	ursement ! <i>(Ple</i>	ase use separate C	RO-1310 forms for each t	ype of Disbursem	ent)
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Coc	ordinated Party Expenditures
4. Payee Inform	nation 🦭 🛴 🔻	10 m	Add	Remove	A STATE OF THE STA
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Go Daddy			†		
14455 N. Hayd	en Road		c. Level Registered (Specify)		1
Suite 226	ch Road				
			Federal	County:	<u> </u>
Scottsdale, AZ			State	Municipality:	e. Election Sum to Date
85260-6947	į				\$ 198.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Electronic	О	05/13/2020	\$9.99	Website
1	Electronic	0	06/13/2020O	\$9.99	Website
4. Pavee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
	& zip)	j s. é .		<del></del>	
, (include city) suite,	С 22р)		-		
	ı		c. Level Registered (Specify)	<del> </del>	
	1		Federal	Country	
				County:	
	l		State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	i			\$	
	<u> </u>				
	,			\$	
4 Pavee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	<del></del>	d. Comments
(include city, state,	y ¥	3.4			
(include city, state,	& zip)		-		
			a Land Davistancii (Specific)		
			c. Level Registered (Specify)		
			Federal	County:	
	İ		State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
		<del> </del>			
				\$	
5. Total only th	is Page	The state of the s	, and the state of the state of the	to the second	\$ 19.98
	CRO-1310 Pages			Man and the Control	
(This line goes in	line 13a of Detailed Su	mmary Page CRO-110	00 if Operating Expenses)		\$ 159.77
(This line goes in	line 13b of Detailed Su	mmary Page CRO-110	00 if Contrib to Candidates/Politic	al Comm)	133.77
(This line goes in	line 13c of Detailed Sur	mmary Page CRO-110	00 if Coordinated Party Expenditu	ires)	
7. Purpose Cod	es (List detailed ex	penditure code in	(h.) above)	4 4 4	
A* - Media	B* - Printing	C* - Fund	draising	D - To Anothe	
E - Salaries I - Postage O* - Other	F* - Equipmen J - Penalties	t G - Politic			Public Office Expenses n to Legal Expense Fund
	e detailed explans	tion in required r	emarks field (k)	the right of the same and I be an in the first of the	and the same of th

					Amend	lment		
Refunds/Reimbursements From the Committee	Pg	1	of	1		Yes	$\boxtimes$	No
Use this form to report refunds/reimbursements, including contributions returned	ed to the	contrib	utor.					

1. Committee Full N	Name (and F	und if applicable)			2. 1	D Number	
JoAnne Allen Committee	For Mayor						
3. Payee Information	in .	Π Δ	dd Remove				
a. Full Name, Mailing A			d. Type of Committee		h (	Priginal Receipt Date	
(include city, state, &			Candidate	PAC	n. C		
Michael Perry	.ар)		Referendum	Party	1	08/31/2019	
1337 Whitworth Court			e. Level Registered (Specify		i. O	riginal Receipt Amount	
Kernersville, NC 27284			Federal	County:			
			State 🖂	Municipality:	\$	100.00	
			f. Purpose Code		j. E	lection Sum to Date	
			L		\$	100.00	
		The state of the s					
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	ccount Code	
Sales		JC Penny	Received in Error		1		
l. Form of Payment	m. Required	Remarks		n. Date (mm/dd/yy	(vv)	o. Amount	
Cash	Received in Er				231		
				06/24/2019		\$ 100.00	
3. Payee Informatio	n	□ A	dd Remove				
a. Full Name, Mailing A	ddress & Phone		d. Type of Committee		h. C	Priginal Receipt Date	
(include city, state, &	zip)		Candidate	PAC		08/31/2019	
Curtis Dixon			Referendum	Party			
3400 Big Woods St			e. Level Registered (Specify		i. Original Receipt Amount		
Winston-Salem, NC 2710	5		Federal State	County: Municipality:	\$ 200.00		
			f. Purpose Code	Municipanty.	j. Election Sum to Date		
			L				
					\$ 200.00		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code		
Retired			Received in Error		1		
I. Form of Payment	m. Required	Remarks		n. Date (mm/dd/yy	yy)	o. Amount	
Cash	Received in Er			06/24/2020		\$ 200.00	
				00/24/2020		\$ 200.00	
3. Payee Informatio	n	L A	dd Remove				
a. Full Name, Mailing A	ddress & Phone		d. Type of Committee		h. C	Priginal Receipt Date	
(include city, state, &	zip)		Candidate	PAC		09/02/2019	
Carlotta Perry			Referendum L	Party	1.0	riginal Receipt Amount	
1337 Whitworth Ct.			e. Level Registered (Specify Federal	County:	1. 0	riginai Receipt Amount	
Kernersville, NC 27284			State	Municipality:	\$	100.00	
			f. Purpose Code		j. E	lection Sum to Date	
			L		6	100.00	
					\$		
b. Job Title/Profession c. Employer's Name/Specific Field		g. Comments		_	ccount Code		
Sales		Bonoa Popolare	Received in Error		1		
I. Form of Payment	m. Required	Remarks		n. Date (mm/dd/yy	yy)	o. Amount	
Cash	Received in E			06/24/2019		\$ 100.00	
4. Total only this Pa	age					\$ 400.00	
		es (This line must be on line 16 of Detaile	d Summary Page CRO-1100)		1	\$ 400.00	
L - Returned to Contrib	outor	M - Overpayment for Service		Contribution Limit			
P* - Reimbursement		O* Other required remarks field (m)					

<b>_ _</b> .					Amen	dment		
Outstanding Loans	Pg	1	of	1		Yes	$\boxtimes$	No
				-				

Use this form to report	any outstanding loans receive	ed during	a previous reporting per	iod and u	ntil the loan is paid in full.
1. Committee Full Name (and Fund if applicable)				2. ID Number	
JoAnne Allen Committee For Mayor					
3. Lender Informatio	<u> </u>	ld	Remo	ve	
a. Full Name, Mailing Address & Phone			itle/Profession	d. Comments	
(include city, state, & zip)		Dispute Resolution		To Open	
Millicent JoAnne Allen 305 Gaither Road					Bank Account
Winston-Salem, NC 27101		c. Employer's Name/Specific Field Self Employed			e. Start Date (mm/dd/yyyy)
				4/30/2019	
				f. End Date (mm/dd/yyyy)	
				n Line Diete (mind dayyyy)	
g. Rate	h. Security Pledged		i. Original Loan Amount	T	j. Remaining Loan Balance
0 %	None	\$ 100.00		\$ 100.00	
k. Full Name of Lending Institution				The second second	l. Loan Number
3. Lender Information Add Remove					
			itle/Profession	d. Comments	
(include city, state, & zip)			e Resolution		
Millicent JoAnne Allen					
305 Gaither Road				e. Start Date (mm/dd/yyyy)	
Winston-Salem, NC 27105		c. Employer's Name/Specific Field		01/16/2020	
		Self Employed		f. End Date (mm/dd/yyyy)	
					t. End Date (initially)
	1				
g. Rate	h. Security Pledged	1	i. Original Loan Amount		j. Remaining Loan Balance
0 %	None	•	\$ 750.00		\$ 750.00
	<del> </del>			,	
k. Full Name of Lending Institution				l. Loan Number	
-3. Lender Informátio	n Ad	ld	Remo	uē	The same and the same
a. Full Name, Mailing Address & Phone b. Job Title/Profession					d. Comments
(include city, state, & zip)					- Commence
. (44-44-4-4-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1	<del>7                                    </del>	1			
					e. Start Date (mm/dd/yyyy)
			yer's Name/Specific Field		
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	<u> </u>	i. Original Loan Amount		j. Remaining Loan Balance
%			\$		\$
k. Full Name of Lending Institution				1. Loan Number	
K. Full rame of Lending Institution				a. Loan (Tumber	
4. Total only this Page					\$ 850.00
5. Total of ALL CRO-1430 Pages					
(This line must be on lin	e 21 of Detailed Summary Page CRO	<i>)-1100)</i>	# # # # # # # # # # # # # # # # # # #	en e	\$ 850.00