

# COPY

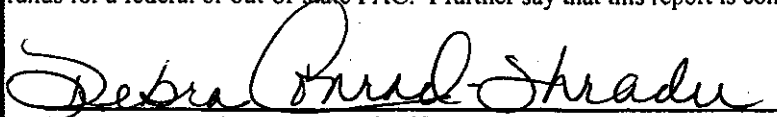
## Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund				6. Date	
Committee to Re-Elect Debra Conrad-Shrader				4-20-2002	
2. Address				7. ID Number	
4004 Remberton Court					
3. City	4. State	5. Zip	8. Phone		
Winston-Salem	N.C.	27106	760-9653		
9. Type of Report			10. Period Covered		11. Amendment
2002 First Quarter Plus Report			Start	1-1-2002	<input type="checkbox"/> Yes
			End	4-20-2002	<input checked="" type="checkbox"/> No
12. Type of Committee or Fund (Check one)					
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> "Booster Fund"		
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Soft Money Account	<input type="checkbox"/> Building Fund		
<input type="checkbox"/> Other Fund: _____					
13. Treasurer Name					
Debra Conrad-Shrader					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
B, B + T	Campaign Checking Acct.	Acct #	S 0		
			S		
			S		
			S		
			S		
			S		
			S		

### CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

  
Signature of Appointed Treasurer or Candidate

4-20-2002  
Date

# Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Committee to Re-Elect Debra Conrad-Shrader		2002 1st Quarter Plus			
Start of Election Cycle: January 1, 2002		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$ 0		
5) Cash on Hand at Start of Present Reporting Period		\$ 0			
<b>RECEIPTS</b>					
6) Contributions from Individuals	(CRO-1210)	\$ 1725	\$		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$		
9) Loan Proceeds	(CRO-1410)	\$ 500	\$		
10) Refunds & Reimbursements to Committee	(CRO-1240)	\$ 0	\$		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$		
12) TOTAL RECEIPTS	(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 2225	\$		
<b>EXPENDITURES</b>					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$	\$		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Loan Repayments	(CRO-1420)	\$ 0	\$		
15) Refunds from Committee	(CRO-1320)	\$ 0	\$		
16) In-Kind Contributions	(CRO-1510)	\$ 0	\$		
17) TOTAL EXPENDITURES	(Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 648.73	\$		
18) Cash on Hand at End of Reporting Period	(For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)	\$ 1,576.27	\$		
<b>Additional Information</b>					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$ 0			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$ 0			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$ 0			
23) Parent Entity's Administrative Support	(CRO-1710)	\$			

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Committee to Re-Elect Debra Conrad-Shrader									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	William Ayers Jr. 2865 Wesleyan Lane W.S., N.C. 27106	<del>BB-T</del> BB-T checks	check	3/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$ <del>500.00</del>		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 100.00				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Alan Southard 1403 Reynolda Rd. W-S, N.C. 27104	<del>BB-T</del> BB-T checks	check	4/16/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
	West End Construction	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 100.00				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Dr. James Eubanks 412 Jonestown Rd. W-S, N.C. 27104	<del>BB-T</del> BB-T	check	4/17/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
	Jonestown Vet	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 100.00				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Bill Whiteheart P.O. Box 40 Jewellville, N.C. 27023	<del>BB-T</del> BB-T	check	4/17/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 125.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
	Whiteheart Outdoors Adv.	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 125.00				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Rafe Brunstetter 3641 Will Scarlet Rd W-S, N.C. 27104	<del>BB-T</del> BB-T	check	4/18/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$ 2		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
	Kilpatrick Stockton	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 250.00				
4. Total only this Page							\$ 675.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number		
Committee to Re-Elect Debra Conrad-Sheridan								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	James T. Brayhill 1930 Virginia Rd W.S., N.C. 27104	<del>605252000000</del>	check	4/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 250.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Don Angelle P.O. Box 4670 Clemmons, N.C. - 27008	<del>605252000000</del>	check	4/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 500.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Susan Gray	<del>605252000000</del>	check	4/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 50.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	David Burr	<del>605252000000</del>	check	4/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 25.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Robert Clark	<del>605252000000</del>	check	4/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$	
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 50.00		
4. Total only this Page							\$ 875.00	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Ricky + Kathleen Sides	<del>XXXXXXXXXX</del>	Check	4/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 50.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Blanche Morgan	<del>XXXXXXXXXX</del>	Check	4/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 25.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	William Wallace	<del>XXXXXXXXXX</del>	Check	4/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 50.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Gary Auvram	<del>XXXXXXXXXX</del>	Check	4/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$ 50.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date \$	
4. Total only this Page							\$ 175.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 1725.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

# Outstanding Loans

1. Name of Committee or Fund				2. ID Number	
Committee to Re-Elect Debra Conrad-Shrader					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
	Debra Conrad-Shrader 4004 Remberton Ct. W-S, N.C. 27106 760-9053	11/1/2008		0%	\$ 500.00
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
		County Comm		Toesuth County	
	g. Security Pledged	0		\$ 500.00	
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
				\$	
	g. Security Pledged			\$	
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
				\$	
	g. Security Pledged			\$	
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
				\$	
	g. Security Pledged			\$	
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
				\$	
	g. Security Pledged			\$	
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
				%	\$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
				\$	
	g. Security Pledged			\$	
j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete					
4. Total only this Page					\$ 500.00
5. Total of ALL CRO-1430 Pages (only show on last page)					\$ 500.00
(This line must be on line 20 of Detailed Summary Page CRO-1100)					

Disbursements

1. Name of Committee or Fund						2. ID Number		
Committee to Re-Elect Debra Conrad-Shader								
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)								
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures				
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	B, B+T Stattford Rd W-S, N.C.			check printing <del>check</del> draft			1/1/02	\$ 15.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 15.00		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Board of Elections W-S, N.C.			filing fee <del>check</del>			2/18/02	\$ 168.74
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 168.74		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Positive Influence P.O. Box 5964 W-S, N.C. 27113			printing <del>check</del>			4/10/02	\$ 100.58
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 100.58		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	U.S. Postal Service Patterson Ave. Main W-S, N.C. Office			bulk mailing fee <del>check</del>			4/1/02	\$ 67.55
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 67.55		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Office Max 140 Stratford Commons W-S, N.C. 27103			ink/paper <del>check</del>			4/20/02	\$ 89.42
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 89.42		
5. Total only this Page							\$ 441.29	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$ 448.73	
(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)								

open  
enp

**Disbursements**

**1. Name of Committee or Fund** Committee to Re-Elect Debra Conrad-Shrader **2. ID Number**

**3. Type of Disbursement** *(Please use separate CRO-1330 forms for each type of Disbursements.)*  
 Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<u>CRS 3325 Robinhood Rd W-S, N.C. 27106</u>	<u>labels</u>	<del>1000000000</del>	<u>CASH</u>	<u>4/20/08</u>	<u>\$ 7.44</u>
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date <u>\$ 7.44</u>

4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
						\$
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$

4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
						\$
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$

4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
						\$
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$

4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
						\$
	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$

**5. Total only this Page** \$

**6. Total of ALL CRO-1310 Related Pages** *(only show on last page)* \$ 7.44

*(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)*



**Disbursements**

<b>1. Name of Committee or Fund</b> <i>Committee to ReElect Debra Conrad Shrader</i>	<b>2. ID Number</b>
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**3. Type of Disbursement** *(Please use separate CRO-1330 forms for each type of Disbursements.)*

Operating Expenses    
  Contributions to Candidates/Political Committees    
  Coordinated Party Expenditures

4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip) <i>Forsyth Co Rep. Party 1001 S. Marshall W-S, N.C. 27101</i>	<b>d. Purpose</b> <i>dues + function</i>	<b>e. Account Number/Code</b> <del>XXXXXXXXXX</del>	<b>f. Form of Payment</b> <i>check</i>	<b>g. Date</b> (mm/dd/yyyy) <i>1/2/02</i>	<b>h. Amount</b> \$ <i>100.00</i>
	<b>b. If Contribution to County Committee, specify:</b>	<b>c. If Coordinated Party Expense, list office:</b>	<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$ <i>100.00</i>	

4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip) <i>Forsyth Co Rep. Party 1001 S. Marshall W-S, N.C. 27101</i>	<b>d. Purpose</b> <i>Lincoln Day celebration</i>	<b>e. Account Number/Code</b> <del>XXXXXXXXXX</del>	<b>f. Form of Payment</b> <i>check</i>	<b>g. Date</b> (mm/dd/yyyy) <i>3/15/02</i>	<b>h. Amount</b> \$ <i>100.00</i>
	<b>b. If Contribution to County Committee, specify:</b>	<b>c. If Coordinated Party Expense, list office:</b>	<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$ <i>200.00</i>	

4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b> \$
	<b>b. If Contribution to County Committee, specify:</b>	<b>c. If Coordinated Party Expense, list office:</b>	<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	

4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b> \$
	<b>b. If Contribution to County Committee, specify:</b>	<b>c. If Coordinated Party Expense, list office:</b>	<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	

4. Payee	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b> \$
	<b>b. If Contribution to County Committee, specify:</b>	<b>c. If Coordinated Party Expense, list office:</b>	<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	

<b>5. Total only this Page</b>	\$ <i>200.00</i>
<b>6. Total of ALL CRO-1310 Related Pages</b> <i>(only show on last page)</i>	\$ <i>200.00</i>
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>	\$ <i>200.00</i>
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>	\$ <i>618.73</i>
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	

*Party  
complete  
total  
of all  
3 pages*