

Disclosure Report Cover

COPY

Amendment
 Yes No

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name: Committee to Elect Debra Conrad-Shrader c. ID Number: RECEIVED

b. Mailing Address (include City, State and Zip Code): 4004 Pemberton Ct.
W-S, NC 27106 d. Date Filed: 11-21-05

e. Phone Number: 336-760-9653

2. Report Year 2005 **3. Period Start Date (mm/dd/yyyy)** 11-18-05 **4. Period End Date (mm/dd/yyyy)** 11-21-05 **5. Treasurer Full Name** Debra Conrad-Shrader

6. Type of Committee (Check one)

Candidate Campaign Party
 Joint Fundraiser PAC
 Referendum

7. Type of Fund (if applicable, check one)

Soft Money Account
 "Booster Fund"
 Building Fund
 NC Political Party Financing Fund
 Presidential Election Year Candidates Fund
 NC Public Campaign Financing Fund
 Other:

8. Type of Report (check only one type of report from one category)

Municipal
 Organizational
 Thirty-five day
 Pre-primary
 Pre-election
 Pre-runoff
 Semi-annual
 Mid Year
 Year End
 Final
 Special

State/County
 Organizational
 Quarterly
 First Plus
 Second
 Third Plus
 Fourth
 Semi-annual
 Mid Year
 Year End
 Final
 Special

Referendum
 Organizational
 Pre-referendum
 Final
 Supplemental Final
 Annual
 Special

9. Special Report Name

10. Account Information

a. Financial Institution Full Name: B.B + T

b. Purpose: Campaign checking account c. Code: 1

d. Period Begin Balance: \$ 0

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.

Debra Conrad-Shrader Printed Name of Signer Debra Conrad-Shrader Signature of Appointed Treasurer 11-21-05 Date

FOR OFFICE USE ONLY

Date Received: 11-21-2005 Employee: Judy Spears Delivery Method: Normal Mail Registered Mail Hand Delivered Electronically Filed

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		2. ID Number	
Committee to Elect Debra Conrad-Shroder		Organizational Report			
Start of Election Cycle: January 1, 2003		<input checked="" type="checkbox"/> Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start (cycle ends Dec 31, 2006)		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 200.00		\$	
6) Contributions from Individuals (CRO-1210)		\$ 3150.00		\$	
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 (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
12) "Goods and Services" Contributions (CRO-1260)		\$		\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 3350.00		\$	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 362.15		\$	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
14c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 362.15		\$	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 2987.85		\$	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum		\$		\$	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) <u>Committee to Debra Conrad-Shrader</u>						2. ID Number
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Gerald H. Long 4400 Styers Ferry Rd. Winston-Salem, NC 27104</u>				b. Job Title/Profession <u>chairman</u>		d. Comments
				c. Employer's Name/Specific Field <u>L.A. Reynolds Garden Showcase</u>		
				e. Election Cycle Sum to Date <u>\$ 1,000</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>1</u>	<u>check</u>		<u>11-18-05</u>	<u>\$ 1,000</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Walter W. Pitt Jr. 2814 Country Club Rd. Winston-Salem, NC 27104</u>				b. Job Title/Profession <u>attorney</u>		d. Comments
				c. Employer's Name/Specific Field <u>Bell, Davis + Pitt law firm</u>		
				e. Election Cycle Sum to Date <u>\$ 150.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>1</u>	<u>check</u>		<u>11-18-05</u>	<u>\$ 150.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Adrienne Livengood-Baker 605 Spring Tree Court Winston-Salem, NC 27104</u>				b. Job Title/Profession <u>housewife</u>		d. Comments
				c. Employer's Name/Specific Field <u>N/A</u>		
				e. Election Cycle Sum to Date <u>\$ 250.00</u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>1</u>	<u>check</u>		<u>11-18-05</u>	<u>\$ 250.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					<u>\$ 1400.00</u>	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					<u>\$ 3150.00</u>	

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Debra Conrad-Shrader							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Grover Shugart JR. 221 Jonestown Rd. Winston-Salem, NC. 27104				Builder			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Shugart Enterprises		\$ 1,000	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		11-21-05	\$ 1,000		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
K. Borden Hanes JR 380 Knollwood Suite 520 W-S, NC. 27103				Investor			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
				Bowen, Hanes + Co		\$ 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"/>	1	check		11-21-05	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
John Medlin 1056 Kenleigh Circle Winston-Salem, NC. 27106				Retired			
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
						\$ 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"/>	1	check		11-21-05	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1200.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 3150.00	

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Committee to Elect Debra Conrad-Shrader						2. ID Number	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dennis Check 1166 Linbrook Dr. W-S, NC. 27106				b. Job Title/Profession material handler		d. Comments	
				c. Employer's Name/Specific Field RJR		e. Election Cycle Sum to Date \$ 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"/>	1	check		11-18-05	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Ayers 2865 Wesleyan Lane W-S, NC. 27106				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 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"/>	1	check		11-18-05	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) David Shannon P.O. Box 1395 W-S NC. 27102				b. Job Title/Profession developer		d. Comments	
				c. Employer's Name/Specific Field JD CASTLE		e. Election Cycle Sum to Date \$ 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"/>	1	check		11-21-05	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 3150.00	

Contributions from Individuals

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) <i>Commi Hee to Elect Debra Conrad-Skrader</i>						2. ID Number	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>James Broghill 1930 Virginia Road Winston-Salem, NC. 27104</i>				b. Job Title/Profession <i>retired</i>		d. Comments	
				c. Employer's Name/Specific Field <i>N/A</i>		e. Election Cycle Sum to Date <i>\$ 250.00</i>	
<input type="checkbox"/>	<i>1</i>	<i>check</i>		<i>11-18-05</i>	<i>\$ 250.00</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)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$	
<input type="checkbox"/>					\$		
<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	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$	
<input type="checkbox"/>					\$		
<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	
				c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						<i>\$ 250.00</i>	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						<i>\$ 3150.00</i>	

Disbursements

1. Committee Full Name (and Fund if applicable) Committee to Debra Conrad-Shrader					2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) All the Above inc 5028 Brookview Lane W-S, NC - 27106			b. Coordinated Committee Name	d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date \$ 187.46	
c. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
1	check	printing donor cards ^{PD} + envelopes		11-18-05	\$ 187.46
					\$
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Office Depot 1235 Silas Creek Parkway Winston-Salem, NC 27127			b. Coordinated Committee Name	d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date \$ 137.69	
c. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
1	check	office printer for letters		11-18-05	\$ 137.69
					\$
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) U.S. Post Office Healy Drive W-S, NC. 27103			b. Coordinated Committee Name	d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Cycle Sum to Date \$ 37.00	
c. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyyy)	j. Amount
1	check	100 stamps		11-18-05	\$ 37.00
					\$
5. Total only this Page					\$ 362.15
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 362.15

**CAMPAIGN REPORT DISCREPANCIES
REPLY REQUIRED**

TO: Treasurer Debra Conrad-Shrader
 Committee Committee to Elect Debra Conrad-Shrader
 Address 4004 Pemberton Court
 Winston-Salem, NC 27106

FROM: Campaign Finance Office

REPORT IN QUESTION:
Organizational

DATE: 11/22/2005

A recent preliminary audit of reports filed revealed the following discrepancies. Please supply this office with the missing or corrected information in order to complete the reports. A more detailed audit of the reports listed will be conducted after the following information is provided.

This is your first notice. You must respond within thirty days of receipt of this notice.

Failure to respond will result in noncompliance. In order to comply with the required information, the forms to amend are provided for completion. Amend only the forms required.

- The depository information was not listed on the Political Committee Disclosure Report.
- Addresses were either missing or incomplete. Contributions received without the contributor's complete name and mailing address that remain incomplete for forty-five (45) days are considered anonymous and must be paid over to the State Board of Elections for deposit to the general fund of the State. All disbursements must be listed by name and complete mailing address of the payee.
- Joint contributions, which are prohibited, were listed on the Report of Contributions. You must determine the individual amount of contribution for each contributor.
- Some or no dates were shown on the reports. A date is required for each entry.
- Details were not provided for the sums listed on the Detailed Summary Page
- Method of payment not provided
- Contributions over \$100 are listed with "cash" being the method of payment.
- Contributions over \$100 are listed as "aggregated individual contribution" (AIC).
- The ending balance is negative. The Committee cannot operate on a negative balance.

- Some of the occupation information was incomplete or incorrect on the Itemized Receipts page(s).

Name of contributor(s):

- A contribution from a business entity/non-registered committee was listed. The contribution must be paid to the Civil Penalty and Forfeiture Fund and reported as a disbursement on the next report.
- The purpose of expenditure was not listed on the Itemized Disbursements page.
- Disbursements for media expenses are paid with cash.
- Disbursements over \$50 that are not for postage are paid with cash.
- "Sum to date" information not provided.
- We are in receipt of a Final Report, but are unable to close the Committee because there is a remaining balance of \$_____.
- No matching "In Kind" entry. "InKind" contributions must be disclosed in the Itemized Receipts and Disbursements pages. You will also need to amend your "Detailed Summary Page" to reflect these changes.
- Contributions from the following contributors exceed the \$4,000 per election limit:

_____ on _____
 _____ on _____
 _____ on _____
 _____ on _____

The contribution amount exceeding \$4,000 must be returned to the contributor, a copy of the refund check sent to this office, and the refund reported on the next scheduled report. If the contributor is the spouse, sibling, or parent of the candidate, please advise in writing.

- OTHER CRO-1100 - Complete right column. CRO-1205 - form is missing to disclose \$200 contribution. This form is used for contributions of \$100 and less amounts. CRO-1210 - complete b. and c. for contributor Bill Ayers. Contributors Hanes, Shugart and Long list business addresses. Treasurer should be certain that funds contributed were from personal funds. Business contributions are prohibited.

Please send your reply to : Judy J. Speas 201 N. Chestnut St., Winston-Salem, NC 27101

If you have any questions please refer to the Campaign Finance section on the SBOE website, www.sboe.state.nc.us, or call (919)733-7173.

FOR THE CAMPAIGN FINANCE OFFICE: