

# 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

COPY

1. Committee Information	
<b>a. Full Name</b> Conrad for Commissioner	<b>c. ID Number</b> FOR-R68M15-C-001
<b>b. Mailing Address (include City, State and Zip Code)</b> 4004 Pemberton Court Winston-Salem, NC 27106	<b>d. Date Filed</b> 7/1/2010
	<b>e. Phone Number</b> 336-760-9653

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	4-18-2010	6-30-2010	Debra L. Conrad

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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> 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	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> 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)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund"				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				

11. Account Information		11. Account Information	
<b>a. Financial Institution Full Name</b> B, B & T	<b>a. Financial Institution Full Name</b>		
<b>b. Purpose</b> checking	<b>b. Purpose</b>		
<b>c. Account Code</b> 1	<b>c. Account Code</b>		
<b>d. Period Begin Balance</b> \$ 11,570.77	<b>d. Period Begin Balance</b> \$		

RECEIVED  
 2010 JUL 8 PM 1:07  
 BOARD OF ELECTIONS

### 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.

Debra L. Conrad

*Debra L. Conrad*

7/1/2010

Printed Name of Signer

Signature of Appointed Treasurer

Date

### FOR OFFICE USE ONLY

Date Received: 7/8/10

Date Postmarked: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_

Employee: Judy Speas

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, 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	
Conrad for Commissioner	Second QTR	FOR-R68M15-C-001	
<b>Start of Election Cycle:</b>	<b>January 1, 2007</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>		\$ 11,570.77	\$ 0
<b>RECEIPTS</b>			
<b>5) Aggregated Contributions from Individuals</b> (CRO-1205)		\$ 0	\$ 725.00
<b>6) Contributions from Individuals</b> (CRO-1210)		\$ 1200.00	\$ 9707.84
<b>7) Contributions from Political Party Committees</b> (CRO-1220)		\$ 0	\$
<b>8) Contributions from Other Political Committees</b> (CRO-1230)		\$ 0	\$ 4,000
<b>9) Loan Proceeds</b> (CRO-1410)		\$ 0	\$
<b>10) Refunds/Reimbursements To the Committee</b> (CRO-1240)		\$ 0	\$
<b>11) Other Receipt Sources</b>			
<b>11a) Interest on Bank Accounts</b> (CRO-1250)		\$ .60	\$ .87
<b>11b) Contributions from Not-for-Profit Organizations</b> (CRO-1250)		\$	\$
<b>11c) Outside Sources of Income</b> (CRO-1250)		\$	\$
<b>11d) Legal Expense Fund – Other Sources</b> (CRO-1270)		\$	\$
<b>11 e) Exempt Purchase Price Sales</b> (CRO-1265)		\$ 1200.60	\$
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ <del>12771.37</del>	\$ 14433.71
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
<b>13a) Operating Expenditures</b> (CRO-1310)		\$ 233.48	\$ 1730.14
<b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)		\$ 0	\$
<b>13c) Coordinated Party Expenditures</b> (CRO-1310)		\$ 0	\$
<b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)		\$ 0	\$
<b>15) Loan Repayments</b> (CRO-1420)		\$ 0	\$
<b>16) Refunds/Reimbursements From the Committee</b> (CRO-1320)		\$ 0	\$ 82.84
<b>17) In-Kind Contributions</b> (CRO-1510)		\$ 0	\$ 82.84
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 233.48	\$ 1895.82
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)		\$ 12,537.89	\$ 12,537.89
<b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)		\$	\$
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)		\$	\$
<b>22) Debts and Obligations owed By the Committee</b> (CRO-1610)		\$	\$
<b>23) Debts and Obligations owed To the Committee</b> (CRO-1620)		\$	\$
<b>24) Account Transfers Within the Committee</b> (CRO-1720)		\$	\$
<b>25) Administrative Support</b> (CRO-1710)		\$	\$
<b>26) Forgiven Loans</b> (CRO-1440)		\$	\$
<b>27) 48-Hour Notice Reports Sum</b> (CRO-2200)		\$	\$
<b>28) Contributions to be Refunded</b> (CRO-1215)		\$	\$

# 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)					2. ID Number	
Conrad for Commissioner					FOR-R68M15-C-001	
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	
Sheldon Storer 7961 Lasley Forest Lewisville, NC 27023 766-9300			owner/president			
			c. Employer's Name/Specific Field Topsider Homes			
					e. Election Sum to Date	
					\$ 500.00	
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		5/3/2010	\$ 500.00	
<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	
Gail Lybrook 2810 Bartram Road Winston-Salem, NC 27106 27106 727-0967			housewife			
			c. Employer's Name/Specific Field NA			
					e. Election 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		6/28/2010	\$ 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 Fox 621 Lichfield Winston-Salem, NC 27104 725-3145			banker			
			c. Employer's Name/Specific Field First Tennessee			
					e. Election 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		4/26/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages					\$ 1200.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund, if applicable)</b>					<b>2. ID Number</b>	
Conrad for Commissioner					FOR-R68M15-C-001	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Drs. Katherine & Anthony Atala 345 North Stratford Road Winston-Salem, NC 27104 725-4099			physicians			
			<b>c. Employer's Name/Specific Field</b>			
			WFUBMC			
					<b>e. Election Sum to Date</b>	
					\$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	check		4/26/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 500.00	
<b>5. Total of ALL CRO 1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-110)</i>					\$ 1200.00	

# Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Conrad for Commissioner				FOR-R68M15-C-001	
<b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
<b>4. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Not-for-Profit Federal ID #</b>	<b>d. Comments</b>	
B,B & T 110 S. Stratford Road Winston-Salem, NC 27104 733-3273 66			<b>c. Outside Source Explanation</b>	<b>e. Election Sum to Date</b> \$ .66	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>		<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
1	online dep.			4/27/2010	\$ .20
1	online dep			5/25/2020	\$ .19
<b>4. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Not-for-Profit Federal ID #</b>	<b>d. Comments</b>	
B, B & T 110 S. Stratford Road Winston-Salem, NC 27104 733.3273			<b>c. Outside Source Explanation</b>	<b>e. Election Sum to Date</b> \$ .87	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>		<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
1	online dep			6/25/2010	\$ .21
					\$
<b>4. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Not-for-Profit Federal ID #</b>	<b>d. Comments</b>	
			<b>c. Outside Source Explanation</b>	<b>e. Election Sum to Date</b> \$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>		<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
					\$
					\$
<b>5. Total only this Page</b>					\$ .60
<b>6. Total of ALL CRO-1250 Pages</b> <i>(This line goes on line 11 of Detailed Summary Page (CRO-100) if Interest)</i> <i>(This line goes on line 11 of Detailed Summary Page (CRO-100) if Not-for-Profit Contribution)</i> <i>(This line goes on line 11 of Detailed Summary Page (CRO-100) if Outside Source of Income)</i>					\$ .60

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Conrad for Commissioner					FOR-R68M15-C-001
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Mt. Tabor US Post Office 3450 Robinhood Road Winston-Salem, NC 27106					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 158.40
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	check #1009	I	6/03/2010	\$26.40	stamps
				\$	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Discover Open Road Gas Card PO Box 71084 Charlotte, NC 28272 800-767-7315					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 383.85
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	online bank	o	5/03/2010	\$69.60	gas
1	online bank	o	6/03/2010	\$137.48	gas
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 233.48
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 233.48
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
<b>7. Purpose Codes</b> <i>(Use detailed expenditure code in (h) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
<b>8. Codes require detailed explanation in required remarks field (k)</b>					