| On and the Traffer | | | | | |
|--------------------------------------------------------|----------------------------------------------------------------------------|-------------------|--------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------|
| I. Committee Info | | | -com | | c. ID Number |
| lammi H | e to Elect I clude City, State and Zip Coc | ebra Cor | rad-Shrac | ber | d. Date Organized |
| 4004 Pemberton Court Winston-Salem, N.C. 27106 | | | | 12-2-03 c. Phone Number 336 - 760 - 9653 | |
| C. Plan Infor | | | Primary Candi | date Commit | iee |
| 2. Candidate Infor a. Full Name | | | | | b. Candidate ID Number |
| | onrad-Shra | der | | | |
| c. Office Sought | ······································ | | d. District/County/Mu | nicipality | e. Party Affiliation |
| StateL | gislature_ | N | | | Republican |
| | | vonpartisan" in [| e] Party Affiliation.) | | |
| 3. Treasurer Infor | mation | | a, Full Name | | |
| Debra Conrad - Strader | | | | | |
| b. Mailing Address (in | clude City, State, and Zip Co | odc) | b. Mailing Address (include City, State, and Zip Code) | | |
| | salem, N.C. J | | - | | |
| c. Phone Number | d. Email Address | ····· | c. Phone Number | d. Emzil Ad | |
| | conradelecofo | rsyth.ne.us | | | |
| 5. Assistant Treas | urer Information | | 6. Account Inform | | cL CRQ-3500) _ L_ Add |
| a. Full Name | | Remove | a. Financial Institutio | M Full Name | |
| h Mailing Address fit | iclude City, State, and Zip C | ode) | b. Purpose | | ω |
| u. Mannag canaroo (| | | · | | <u>с</u> л ~ |
| c. Phone Number | d. Email Address | | c. Code | d. Type | |
| ~ I HARE LINHOEI | | | | | * |
| CERTIFICATIO I certify that the with funds for a | N Committee is in complia federal or out-of-state PA Docad-Shrade | AC. I further say | isions of Article 224 that this report is co | <u>Mader</u> | that no funds are commingle and correct. $\frac{72-3-03}{Date}$ |



North Carolina State Board of Elections 506 N Hamington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047 ·'

Confidential

Certification of Financial Account Information

FILED BY:

| Committee Name: | Convittee to Elect Deby Conrad-Shrader |
|------------------------------|----------------------------------------|
| Freasurer Name: | Debra Conradoshrader |
| Treasurer Address: | 4004 Remberton Ct. |
| (include city, state, & zip) | Winston-Julen, N.C. 27106 |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | 86-767-9653 |

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

| Type of account | Financial Institution | Address | Account Number | Code |
|-----------------|------------------------------|--------------------|----------------|------------|
| checking | BB+T | 1105. Stratford | | BBTI |
| 0 | | W-S, N.C. 27/04 | | 7 5 |

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

CRO-3500

Certification of Financial Account Information

March 2003



North Carolina State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

| FILED BY: | |
|------------------------------|--------------------------|
| Candidate Name: | Debra Conrad-Shrader |
| Treasurer Name: 📿 | Debra Conrad Shrader |
| Treasurer Address: | 4004 Peraberton Ct. |
| (include city, state, & zip) | Winstm-Salem, N.C. 27106 |
| | |
| | |
| Treasurer Phone: | 336-760-9653 |
| | |

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

12 - 2 - C Date Signed

Certification of Treasurer

March 2003

| t of Organization - Candidate Committee | |
|-----------------------------------------|--|
|-----------------------------------------|--|

- **A**

| Amendment | | |
|-----------|---|----|
| Ves Ves | Ū | No |

| Statement of Organization - C | | .01111111111111111111111111111111111111 | | Ves No | |
|--------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------|------------------|----------------------------|--|
| . Committee Information | | | <u></u> | c. ID Number | |
| . Full Name | | A | | | |
| Committee to Elected | about the | 1ad Lina | ler_ | | |
| . Mailing Address (include City, State and Zip Cod | c) | | | d. Date Organized | |
| 4004 Renuberton C | | | | 12.2.03 | |
| Winstm. Salen, M | 20 | | | e. Phone Number | |
| WINSTM-SUUM, M | • | | | 336.760.965 | |
| | 2710 | | -1. 0 | | |
| 2. Candidate Information | | Primary Candid | ate Commit | b. Candidate ID Number | |
| I. Full Name | | | | | |
| Debra Griad-S | 1, ader | | | | |
| - Office Sought | | d. District/County/Mut | licipality | e. Party Affiliation | |
| statehouse | | District " | 14 | Republican | |
| (If office sought is nonpartisan, write "N | Ionpartisan" in I | el Party Affiliation.) | ······ | | |
| 3. Treasurer Information | | 4. Custodian of Bo | oks Inform | ation | |
| e. Full Name | | a. Full Name | | | |
| | | | | | |
| Debratoriad three | | b. Mailing Address (include City, State, and Zip Code) | | | |
| b. Mailing Address (include City, State, and Zip Co | | | | • | |
| 4004 Renderton Cour | 1 | | | | |
| Winston Salen. N. | | c. Phone Number | d. Email Ad | iress | |
| c. Phone Number d. Email Address | | C. I HOUC I'MMOU | | | |
| 3367609653 Conraddle W.for | syth.nc.us | | | N | |
| 5. Assistant Treasurer Information | Add | 6. Account Inform | | cl. CRO-3500) Add | |
| a. Full Name | Remove | a. Financial Institution | | | |
| | | BBOT # | 5240 | 1840122 | |
| b. Malling Address (include City, State, and Zip Co | uđe) | b. Parpose | | • | |
| | | canpai | on ch | ecting acot | |
| c. Phone Number d. Email Address | · · · · | c. Code | d. Type | | |
| c. Phone Number d. Email Address | | | Che | chais | |
| | | I | I Che | ung | |
| CERTIFICATION | | , | | | |
| I certify that the Committee is in complian | ace with all prov | isions of Article/22A | , including t | hat no tunds are communged | |
| I certify that the Committee is in complian with funds for a federal or out-of-state PA | C. I further say | that this report/is con | | | |
| | \frown | th. 1-1 | In A. | 12-12-12-12 | |
| | r 3.71/ | W A F // IF # \ // | ヘ <i>カイイイ</i> VJ | | |
| Jobra Conrad . Shrallt | <u>A Stept</u> | | <u>TYT TALAA</u> | Date | |
| Debra Convad · Avalt Printed Name of Signer | <u>A Steph</u> | Signature of Appointed Tr | | Date | |