



**COPY**

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 Pemberton Ct.  
(include city, state, & zip) Winston-Salem, NC. 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.

11-18-05  
Date Signed

Debra Conrad-Shrader  
Signature of Candidate

RECEIVED

NOV 18 3:20 PM '05  
Certification of Treasurer

CRO-3100

March 2003

FORNTH COUNTY  
BOARD OF ELECTIONS  
NOV 18 2005

# Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<b>1. Committee Information</b>	
a. Full Name	c. ID Number
Committee to Elect Debra Conrad-Shrader	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
4004 Pemberton Ct. Winston-Salem, NC. 27106	11-18-05
	e. Phone Number

<b>2. Candidate Information</b>		<input checked="" type="checkbox"/> Candidate's Primary Committee
a. Full Name	c. Candidate ID Number	d. Party Affiliation
Debra Conrad-Shrader		Republican
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
4004 Pemberton Ct. Winston-Salem, NC. 27106	Forsyth County Commissioner	B
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	

<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Debra Conrad-Shrader			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
4004 Pemberton Ct. Winston-Salem, NC 27106			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
7609653	conrad1@triad.rr.com		

<b>5. Assistant Treasurer Information</b>		<input type="checkbox"/> Add	<b>6. Account Information (incl. CRO-3500)</b>		<input type="checkbox"/> Add
a. Full Name	<input type="checkbox"/> Remove	a. Financial Institution Full Name		<input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
c. Phone Number	d. Email Address	c. Code	d. Type		

<b>CERTIFICATION</b>		
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	Debra Conrad-Shrader	11-18-05
Printed Name of Signer	Signature of Appointed Treasurer	Date



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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: Committee to Elect Debra Conrad-Shrader  
Treasurer Name: Debra Conrad-Shrader  
Treasurer Address: 4004 Remberton Ct.  
(include city, state, & zip) Winston-Salem, NC 27106  
Treasurer Phone: 760 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
Campaign checking	B. B + T	1100 S. Stratford 27103	[REDACTED]	1

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

11-18-05  
Date Signed

Debra Conrad-Shrader  
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer