

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

| 1. Committee Information | | | | |
|--|---|---|---|--|
| a. Full Name Conrad for Commissioner | | | c. ID Number FOR-R68M15-C-001 | |
| b. Mailing Address (include City, State and Zip Code) 4004 Pemberton Court Winston-Salem, NC 27106 | | | d. Date Filed | |
| | | | c. Phone Number 336-760-9653 | |
| 2. Report Year 2012 | 3. Period Start Date (mm/dd/yy) 1/1/2012 | 4. Period End Date (mm/dd/yy) 1/9/2012 | 5. Treasurer Full Name Debra L. Conrad | |
| 6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | 9. Type of Report (check only one type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special | | |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | 10. Special Report Name | | |
| 8. Number of Fundraisers this Report 0 | | | | |
| 11. Account Information a. Financial Institution Full Name B,B & T b. Purpose checking c. Account Code 1 d. Period Begin Balance \$ 5432.60 | | 11. Account Information a. Financial Institution Full Name b. Purpose c. Account Code d. Period Begin Balance \$ | | |
| 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 Printed Name of Signer Debra L. Conrad Signature of Appointed Treasurer 1/9/2012 Date | | | | |
| FOR OFFICE USE ONLY Date Received: 1/9/2012 Date Postmarked: Date Scanned: Date Data Entered: Employee: Judy Spears Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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

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Yes

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No

Use this form to summarize all disclosure reporting forms and to total monetary information.

| | | | | | |
|---|--|------------------------------------|--|---|--|
| 1. Committee Full Name (and Fund if applicable) Conrad for Commissioner | | 2. Type of Report Final | | 3. ID Number FOR-R68M15-C-001 | |
| Start of Election Cycle: January 1, 2011 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 5432.60 | | \$ 7103.51 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ | | \$ | |
| 6) Contributions from Individuals (CRO-1210) | | \$ | | \$ | |
| 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 | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ | | \$ 1.32 | |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | | \$ | | \$ | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ | | \$ | |
| 11d) Legal Expense Fund – Other Sources (CRO-1270) | | \$ | | \$ | |
| 11 e) Exempt Purchase Price Sales (CRO-1265) | | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 0 | | \$ 1.32 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 186.00 | | \$ 1828.23 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 5246.60 | | \$ 5276.60 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ | | \$ | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ | | \$ | |
| 15) Loan Repayments (CRO-1420) | | \$ | | \$ | |
| 16) Refunds/Reimbursements From the Committee (CRO-1320) | | \$ | | \$ | |
| 17) In-Kind Contributions (CRO-1510) | | \$ | | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 5432.60 | | \$ 7104.83 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 0 | | \$ 0 | |
| 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 (CRO-2200) | | \$ | | \$ | |
| 28) Contributions to be Refunded (CRO-1215) | | \$ | | \$ | |

Disbursements

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

| | | | | | | |
|--|---------------------------|------------------------|---|------------------|---|------------|
| 1. Committee Full Name (and Fund if applicable) Conrad for Commissioner | | | | | 2. ID Number FOR-R68M15-C-001 | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Conrad Committee for NC House 4004 Pemberton Court Winston-Salem, NC 27106 336-760-9653 | | | b. Coordinated Committee Name | | d. Comments | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | | \$ 5246.60 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | online trans | D | 1/7/2012 | \$5246.60 | Permission to transfer | |
| | | | | \$ | by NC State BOE | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| | | | b. Coordinated Committee Name | | d. Comments | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| | | | b. Coordinated Committee Name | | d. Comments | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 5246.60 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | |
| (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) | | | | | \$ 5246.60 | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">A* - Media</div> <div style="width: 33%;">B* - Printing</div> <div style="width: 33%;">C* - Fundraising</div> <div style="width: 33%;">D - To Another Candidate</div> <div style="width: 33%;">E - Salaries</div> <div style="width: 33%;">F* - Equipment</div> <div style="width: 33%;">G - Political Party</div> <div style="width: 33%;">H* - Holding Public Office Expenses</div> <div style="width: 33%;">I - Postage</div> <div style="width: 33%;">J - Penalties</div> <div style="width: 33%;">K* - Office Expenses</div> <div style="width: 33%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 33%;">O* - Other</div> </div> | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |

Disbursements

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

| | | | | | | |
|---|---------------------------|------------------------|--|--|--|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Conrad for Commissioner | | | | | FOR-R68M15-C-001 | |
| 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 type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Discover Open Road Gas Card PO Box 71084 Charlotte, NC 28272 800-767-7315 | | | b. Coordinated Committee Name | | d. Comments e. Election Sum to Date \$ 1420.23 | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> State | <input type="checkbox"/> County: <input type="checkbox"/> Municipality: | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | online | H | 1/5/2012 | \$186.00 | gas | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments e. Election Sum to Date \$ | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> State | <input type="checkbox"/> County: <input type="checkbox"/> Municipality: | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments e. Election Sum to Date \$ | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> State | <input type="checkbox"/> County: <input type="checkbox"/> Municipality: | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | |
| | | | | | \$ 186.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | |
| <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> | | | | | \$ 186.00 | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| 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 | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |