

Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund <i>Committee to Re-Elect Debra Conrad-Shrader</i>				6. Date <i>7-8-2002</i>	
2. Address <i>4004 Pemberton Court</i>				7. ID Number	
3. City <i>Winston-Salem</i>		4. State <i>N.C.</i>	5. Zip <i>27106</i>	8. Phone <i>760 9653</i>	
9. Type of Report <i>2002 Second Quarter Report</i>			10. Period Covered		11. Amendment
			Start <i>4-21-2002</i>	End <i>6-30-2002</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Type of Committee or Fund (Check one)					
<input checked="" type="checkbox"/> Candidate Campaign		<input type="checkbox"/> Party		<input type="checkbox"/> Joint Fundraiser	
<input type="checkbox"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> "Booster Fund"	
<input type="checkbox"/> Other Fund:				<input type="checkbox"/> Building Fund	
13. Treasurer Name <i>Debra Conrad-Shrader</i>					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name					

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
<i>B.B+T</i>	<i>Campaign Checking Acct.</i>	555555	<i>\$ 1,576.27</i>
			\$
			\$
			\$
			\$
			\$

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
Signature of Appointed Treasurer or Candidate

7-8-02
Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number
Committee to Re-Elect Debra Conrad-Shader 2nd Qtr 2002		
Start of Election Cycle: January 1, 20 <u>02</u>	Total this Period	Total this Election Cycle
4) Cash on Hand at Start of Election Cycle		\$ 0
5) Cash on Hand at Start of Present Reporting Period	\$ 1,576.27	
RECEIPTS		
6) Contributions from Individuals (CRO-1210)	\$ 2125.00	\$ 3850.00
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$ 500.00
10) Refunds and 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) Contributions based on Forgiven Loans (CRO-1440)	\$	\$
14) 48-Hour Notice Reports Sum	\$	\$
15) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 12, 13, and 14)	\$ 2125.00	\$ 4,350.00
EXPENDITURES		
6) Disbursements (CRO-1310)		
16a) Operating Expenditures (CRO-1310)	\$ 110.38	\$ 559.11
16b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
16c) Coordinated Party Expenditures (CRO-1310)	\$	\$ 200.00
17) Loan Repayments (CRO-1420)	\$ 500.00	\$ 500.00
18) Forgiven Loans (CRO-1440)	\$	\$
19) Refunds and Reimbursements FROM the Committee (CRO-1320)	\$	\$
20) In-Kind Contributions (CRO-1510)	\$	\$
21) TOTAL EXPENDITURES (Add lines 16a, 16b, 16c, 17, 18, 19, and 20)	\$ 610.38	\$ 1,259.11
22) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 15 together, then subtract line 21) (For this Election Cycle, add lines 4 and 15 together, then subtract line 21)	\$ 3090.89	\$ 3090.89
Additional Information		
23) Non-Monetary Gifts Given to Committees (CRO-1330)	\$	
24) Outstanding Loans (including ones from other campaigns) (CRO-1430)	\$	
25) Debts and Obligations owed BY the Committee (CRO-1610)	\$	
26) Debts and Obligations owed TO the Committee (CRO-1620)	\$	
27) Parent Entity's Administrative Support (CRO-1710)	\$	
28) Account Transfers (CRO-1720)	\$	

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number	
Committee to Re-Elect Debra Conrad-Shrader							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Bob Gordon 5025 Marble Arch Rd. W-S, N.C. 27104 768-8223	B.B.T XXXXXXXXXX	check	4/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession	Retired				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date \$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Venkata Challa M.D. WFU School of Medicine W-S, N.C. 27157	B.B.T XXXXXXXXXX	check	4/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession	Physician				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	WFU Medical School	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date \$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Murray Gresson	B.B.T XXXXXXXXXX	check	4/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date \$ 50.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	John Cockleece 2308 Robinwood Rd. W-S, N.C. 27104	B.B.T XXXXXXXXXX	check	4/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession	Attorney				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date \$ 250.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Ralph Messick 105 N. Westwood Dr W-S, N.C. 27104	B.B.T XXXXXXXXXX	check	4/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession	Commercial Real Estate				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field	G.G. Messick & Sons, Inc.	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			k. Election Cycle Sum to Date \$ 100.00		
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages (only show on last page)						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
Committee to Re-Elect Debra Conrad-Shrader							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
3. Contributor	Dr. Richard Nash 1809 Virginia Rd. W.S., N.C. 27109 722-3538	BB-T XXXXXXXXXX	check	4/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 100.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
3. Contributor	James Rousseau II	B, BB-T XXXXXXXXXX	check	4/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 25.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
3. Contributor	John Pruitt	BB-T XXXXXXXXXX	check	4/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 40.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 40.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
3. Contributor	Wayne Shugart	BB-T XXXXXXXXXX	check	4/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 25.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
3. Contributor	Don Williams 4010 Windsor Place Dr. W-S, N.C. 27106 922-1288	BB-T XXXXXXXXXX	check	4/29/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 100.00	
4. Total only this Page							\$ 290.00
5. Total of ALL CRO-1210 Pages <small>(only show on last page)</small>							\$
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Committee to Re-Elect Debra Conrad-Snyder									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Eugene Rossitch	BB-T XXXXXXXXXX	check	5/2/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession									
c. Employer's Name/Specific Field									
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete							\$ 50.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Kevin Grover	BB-T XXXXXXXXXX	check	5/16/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession									
c. Employer's Name/Specific Field									
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete							\$ 50.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Robert Prouit	BB-T XXXXXXXXXX	check	5/16/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 10.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession									
c. Employer's Name/Specific Field									
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete							\$ 10.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Bill Messick 7241 Styus Ferry Rd. Clemmons, N.C. 27012 766-7726	B, B-T XXXXXXXXXX	check	5/16/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession									
c. Employer's Name/Specific Field									
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete							\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Dr. G. Early	BB-T XXXXXXXXXX	check	5/16/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession									
c. Employer's Name/Specific Field									
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
<input type="checkbox"/> Add <input type="checkbox"/> Delete							\$ 25.00		
4. Total only this Page							\$ 235.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Committee to Re-Elect Debra Conrad-Shader									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Laura Huffman	BB-T XXXXXXXXXX	check	5/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
							<input type="checkbox"/> Add <input type="checkbox"/> Delete	\$ 25.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Jesse Temple	BB-T XXXXXXXXXX	check	5/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
							<input type="checkbox"/> Add <input type="checkbox"/> Delete	\$ 25.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Sheldon Storer 7961 Gasley Forest Rd. Lewisville, N.C. 27023 766-9300	BB-T XXXXXXXXXX	check	5/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 300.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
President & Owner WDSider Homes							<input type="checkbox"/> Add <input type="checkbox"/> Delete	\$ 300.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Sam Boone	BB-T XXXXXXXXXX	check	5/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
							<input type="checkbox"/> Add <input type="checkbox"/> Delete	\$ 50.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Andy Wilson	BB-T XXXXXXXXXX	check	10/10/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
							<input type="checkbox"/> Add <input type="checkbox"/> Delete	\$ 25.00	
4. Total only this Page								\$ 425.00	
5. Total of ALL CRO-1210 Pages (only show on last page)								\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number					
Committee to Re-Elect Debra Boudreau-Shradin a. Full Name, Mailing Address & Phone (include city, state, & zip) Louise Rice						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						BB+T	check	6/10/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
									<input type="checkbox"/>	<input type="checkbox"/>	\$
									<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession									<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field						j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
						<input type="checkbox"/> Add	<input type="checkbox"/> Delete	\$ 25.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Andrea Kepple						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						BB+T	check	6/10/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
									<input type="checkbox"/>	<input type="checkbox"/>	\$
									<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession									<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field						j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
						<input type="checkbox"/> Add	<input type="checkbox"/> Delete	\$ 25.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert Portu						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						BB+T	check	6/10/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
									<input type="checkbox"/>	<input type="checkbox"/>	\$
									<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession									<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field						j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
						<input type="checkbox"/> Add	<input type="checkbox"/> Delete	\$ 50.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip) John Baulek 655 Croston Drive W-S, N.C. 27104						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						BB+T	check	6/10/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
									<input type="checkbox"/>	<input type="checkbox"/>	\$
									<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession									<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field						j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
CAMPS FINANCE						<input type="checkbox"/> Add	<input type="checkbox"/> Delete	\$ 200.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Mickey Beles						d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
						BB+T	check	6/18/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
									<input type="checkbox"/>	<input type="checkbox"/>	\$
									<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession									<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field						j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
						<input type="checkbox"/> Add	<input type="checkbox"/> Delete	\$ 50.00			
4. Total only this Page											\$ 350.00
5. Total of ALL CRO-1210 Pages (only show on last page)											\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)											

Contributions from INDIVIDUALS

1. Name of Committee or Fund						2. ID Number	
Committee to Re-Elect Debra Conrad-Shrader							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Thad Newallen 757 Aubur Rd. W.S., N.C. 27104 723-9104	B2-T XXXXXXXXXX	check	6/12/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		\$ 100.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Emma Graham 2626 Club Park Rd. W.S., N.C. 27104 724-2215	B2-T XXXXXXXXXX	check	6/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		\$ 100.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Dr. Robert Means	XXXXXXXXXX	check	6/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		\$ 25.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		k. Election Cycle Sum to Date		\$	
4. Total only this Page							\$ 225.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 2125.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Disbursements

1. Name of Committee or Fund						2. ID Number		
Committee to Re-Elect Debra Conrad-Shroder								
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursements.)								
<input checked="" type="checkbox"/> Operating Expenses						<input type="checkbox"/> Contributions to Candidates/Political Committees		
<input type="checkbox"/> Coordinated Party Expenditures								
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Postmaster U.S. Post Office Robinhood Rd. office W.S., N.C. 27106			stamps		check	5/13/02	\$27.20
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$27.20	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Postmaster U.S. Post Office Robinhood Rd. office W-S, N.C. 27106			stamps		check	6/1/02	\$20.40
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$47.60	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Kinkos 2325. Stratford Rd Winston-Salem, N.C. 27107 722-6611			Printing letters		check	6/3/02	\$40.19
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$40.19	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Postmaster U.S. Post Office Robinhood Rd W-S, N.C. 27106			stamps		check	6/30/02	\$2259
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$70.19	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
								\$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Exp, list Cand/Comm:		i. If Amendment, choose change type:			j. Election Cycle Sum To Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$	
5. Total only this Page							\$110.38	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$110.38	
<i>(This line goes in line 16a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>								
<i>(This line goes in line 16b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>								
<i>(This line goes in line 16c of Detailed Summary Page CRO-1160 if Coordinated Party Expenditures)</i>								

Loan Repayments

1. Name of Committee or Fund <i>Committee to Re-Elect Debra Conrad-Shrader</i>		2. ID Number		
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip) <i>Debra Conrad-Shrader 4004 Remberton Ct. W-S, N.C. 27106 760-9653</i>	b. Original Loan Date (mm/dd/yyyy) <i>1-1-2002</i>	c. Repayment Date (mm/dd/yyyy) <i>- 2002</i>	g. Account Number/Code
		d. Original Loan Amount <i>\$ 500.00</i>	e. Remaining Balance of Loan <i>\$ 0</i>	h. Form of Payment <i>check</i>
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount <i>\$ 500.00</i>
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Repayment Amount
4. Total only this Page				\$ <i>500.00</i>
5. Total of ALL CRO-1420 Pages (only show on last page)				\$ <i>500.00</i>
*This line must be on line 17 of Detailed Summary Page CRO-1100)				

*loan repayment
date - 5-1-02
per w. C.S.*