

use TRs

Amendment ✓

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			6. Date	
Linda D. Shaw For County Commissioner			10/28/02 1/10/03	

2. Address			7. ID Number	
P.O. Box 8618				

3. City	4. State	5. Zip	8. Phone
Greensboro, NC	NC	27419	336-855-7333

9. Type of Report	10. Period Covered	11. Amendment
Quarter - 4th Qtr. 2002	Start: _____ End: _____	<input checked="" type="checkbox"/> Yes <input 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"/> "Booster Fund"
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Soft Money Account	<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other Fund: _____			

13. Treasurer Name

Same as Above

14. Assistant Treasurer Name(s)

N/A

15. Custodian of Books Name

16. Bank/Depository/Credit Account Information			
a. Name	b. Purpose	c. Code	d. Period Begin Balance
BB&T	campaign account	01	\$ 5,393.15
			\$
			\$
			\$
			\$
			\$

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.

Linda D. Shaw
Signature of Appointed Treasurer or Candidate

1/10/03
Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number
LINDA O. SHAW For County Commission	Campaign	15 th CD
Start of Election Cycle: January 1, 2002	Total this Period	Total this Election Cycle
4) Cash on Hand at Start of Election Cycle		\$ 18,783.25
5) Cash on Hand at Start of Present Reporting Period	\$ 4,783.25	
RECEIPTS		
6) Contributions from Individuals (CRO-1210)	\$ 1,300.00	\$ 20,083.25
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
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)	\$ 6,083.25	\$ 24,083.25
EXPENDITURES		
16) Disbursements (CRO-1310)		
16a) Operating Expenditures (CRO-1310)	\$ 150.10	\$ 11,543.10
16b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 250.00	\$ 250.00
16c) Coordinated Party Expenditures (CRO-1310)	\$ 143.00	\$ 143.00
17) Loan Repayments (CRO-1420)	\$	\$
18) Forgiven Loans (CRO-1440)	\$ 147.00	\$ 3,147.00
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)	\$ 690.10	\$ 15,083.10
22) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)	\$ 5,393.15	\$
Additional Information		
23) Non-Monetary Gifts Given to Committees (CRO-1330)	\$ - 0 -	
24) Outstanding Loans (Including ones from other campaigns) (CRO-1430)	\$ - 0 -	
25) Debts and Obligations owed BY the Committee (CRO-1610)	\$ - 0 -	
26) Debts and Obligations owed TO the Committee (CRO-1620)	\$ - 0 -	
27) Parent Entity's Administrative Support (CRO-1710)	\$ - 0 -	
28) Account Transfers (CRO-1720)	\$ - 0 -	

Contributions from INDIVIDUALS

1. Name of Committee or Fund				2. ID Number			
Linda D Shaw for County Commissioner							
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
	unitemized	01	CASH	9/03/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<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		\$			
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
	unitemized	01	CASH	9/03/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<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		\$			
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
	unitemized	01	CASH	9/03/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<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		\$			
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
	unitemized	01	CASH	9/03/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<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		\$			
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
	unitemized	01	CASH	9/03/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<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		\$			
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
	Marilyn Green 601 Norwalk Cr. P.O. Box 8789 Greensboro, N.C.	01	CK	9/03/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		SELF EMPLOYED			<input type="checkbox"/>	<input type="checkbox"/>	\$
Marilyn					<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		\$			
4. Total only this Page							\$ 600.00
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	
Linda Shaw for County Commission								
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	
	unitemized	01	CASH	9/08/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession							<input type="checkbox"/>	\$
c. Employer's Name/Specific Field							k. Election Cycle Sum to Date	
j. If Amendment, choose change type:							\$	
<input type="checkbox"/> Add <input type="checkbox"/> Delete								
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	
	unitemized	01	CASH	9/08/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession							<input type="checkbox"/>	\$
c. Employer's Name/Specific Field							k. Election Cycle Sum to Date	
j. If Amendment, choose change type:							\$	
<input type="checkbox"/> Add <input type="checkbox"/> Delete								
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	
	Doug Miller DOUGLAS T. Miller ?	01	CX	9/13/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession							<input type="checkbox"/>	\$
c. Employer's Name/Specific Field							k. Election Cycle Sum to Date	
j. If Amendment, choose change type:							\$	
<input type="checkbox"/> Add <input type="checkbox"/> Delete								
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"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession							<input type="checkbox"/>	\$
c. Employer's Name/Specific Field							k. Election Cycle Sum to Date	
j. If Amendment, choose change type:							\$	
<input type="checkbox"/> Add <input type="checkbox"/> Delete								
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"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession							<input type="checkbox"/>	\$
c. Employer's Name/Specific Field							k. Election Cycle Sum to Date	
j. If Amendment, choose change type:							\$	
<input type="checkbox"/> Add <input type="checkbox"/> Delete								
4. Total only this Page							\$ 700.00	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 1,500.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Disbursements

1. Name of Committee or Fund <i>Linda O. Shaw for County Commissioner</i>						2. ID Number		
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursements.)								
<input 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
	<i>Staples Office Wendover Ave Greensboro</i>			<i>supplies</i>		<i>check</i>	<i>9/05/02</i>	<i>\$ 112.10</i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
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
	<i>U.S. Postal Guilford College Ground Greensboro NC</i>			<i>Box Rent</i>		<i>check</i>	<i>9/13/02</i>	<i>\$ 38.00</i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
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
	<i>N.C. GOP Wellsboro St. Raleigh NC</i>			<i>Airline ticket</i>			<i>10/13/02</i>	<i>\$ 143.02</i>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
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 Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$		
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 Expense, list office:		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							\$ 293.10	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$	
(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)								

Disbursements

1. Name of Committee or Fund Linda D. Shaw for County Commission						2. ID Number		
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
<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) Jonathan Wagstaff for County Commission			d. Purpose Campaign Contribution	e. Account Number/Code	f. Form of Payment check	g. Date (mm/dd/yyyy) 10/05/02	h. Amount 250.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
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 Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
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 Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
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 Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
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 Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
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 Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		j. Election Cycle Sum To Date \$	
5. Total only this Page							250.00	
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>								
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>								
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>								

250.00

Loan Repayments

1. Name of Committee or Fund		2. ID Number	
Linda O. Shaw for County Commission			
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)
	Linda O. Shaw PO Box 8618 Greensboro, NC 27419	2/26/02	10/28/02
	d. Original Loan Amount	e. Remaining Balance of Loan	g. Account Number/Code
	\$ 147.00	\$ 147.00	
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. Form of Payment	i. Repayment Amount
		Check	\$
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)
	d. Original Loan Amount	e. Remaining Balance of Loan	g. Account Number/Code
	\$	\$	
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. Form of Payment	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)
	d. Original Loan Amount	e. Remaining Balance of Loan	g. Account Number/Code
	\$	\$	
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. Form of Payment	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)
	d. Original Loan Amount	e. Remaining Balance of Loan	g. Account Number/Code
	\$	\$	
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. Form of Payment	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)
	d. Original Loan Amount	e. Remaining Balance of Loan	g. Account Number/Code
	\$	\$	
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. Form of Payment	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)
	d. Original Loan Amount	e. Remaining Balance of Loan	g. Account Number/Code
	\$	\$	
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	h. Form of Payment	i. Repayment Amount
			\$
4. Total only this Page		\$ 147.00	
5. Total of ALL CRO-1420 Pages		\$	
(This line must be on line 14 of Detailed Summary Page CRO-1100)		(only show on last page)	