

RECEIVED

JUL 25 2003

GUILFORD COUNTY *7c*
BOARD OF ELECTIONS

Amendment
 Yes No

Disclosure Report Cover

Please note that this cover sheet 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 those kinds of committee changes.
Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name		c. ID Number	
LINDA D. SHAW For County Commissioner			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P.O. Box 8618 Greensboro, N.C. 27419		7/28/03	
		e. Phone Number	
		336-855-7533	

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2003	Jan. 01, 2003	June 30, 2003	Linda D. Shaw

6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	9. Special Report Name
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BB & T BANK & TRUST			
b. Purpose	c. Code	b. Purpose	c. Code
			01
	d. Period Begin Balance		d. Period Begin Balance
	\$ 4,773.16		\$ 2,041.68

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 Linda D. Shaw 7/28/03
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Linda D. Shawson County Commissioner		Campaign			
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 4733.16		\$	
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)		\$ 1,180.45		\$ 1,180.45	
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) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 5913.61		\$	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 3,395.93		\$ 4622.13	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 476.00		\$ 476.00	
14c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 3871.93		\$ 5098.13	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 2041.68		\$	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$	
26) Forgiven Loans (CRO-1440)		\$ 0		\$	
27) 48-Hour Notice Reports Sum		\$ 0		\$	

Refunds & Reimbursements TO Committee

1. Name of Committee or Fund		2. ID Number	
LINDA E SHAW for County Commission			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy) 2/04/03
	Republican National Comm 310 First St. SE Washington DC 20003	Employer's Name/Specific Field	f. Date (mm/dd/yyyy)
		c. If refund from County Committee, specify county:	g. Purpose TRIP
		d. If Amendment, choose change type: <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	Reimbursement for trip to D.C. on Jan, 2003
			h. Account Number/Code
			i. Form of Payment
			j. Amount
			\$ 1,180.45
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)
		c. If refund from County Committee, specify county:	g. Purpose
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
			h. Account Number/Code
			i. Form of Payment
			j. Amount
			\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)
		c. If refund from County Committee, specify county:	g. Purpose
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
			h. Account Number/Code
			i. Form of Payment
			j. Amount
			\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)
		c. If refund from County Committee, specify county:	g. Purpose
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
			h. Account Number/Code
			i. Form of Payment
			j. Amount
			\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Individual, list: Job Title/Profession	e. Original Disbursement Date (mm/dd/yyyy)
		Employer's Name/Specific Field	f. Date (mm/dd/yyyy)
		c. If refund from County Committee, specify county:	g. Purpose
		d. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
			h. Account Number/Code
			i. Form of Payment
			j. Amount
			\$
4. Total only this Page			\$
5. Total of ALL CRO-1240 Pages (only show on last page)			\$ 1,180.45
(This line must be on line 10 of Detailed Summary Page CRO-1100)			

Disbursements

1. Name of Committee or Fund		2. ID Number					
LINDA D. SHAW for County Commissioner							
3. Type of Disbursement (Please use separate CRO-1330 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	
	Office Max HighPoint Rd. Greensboro, N.C.	Office supplies	AK	CK	1/13/03	\$ 39.54	
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	
	Verizon Phone PO Box 18000 Greenville, SC 29606-9000	Cell phone (Start up cost)		CK	1/14/03	\$ 342.64	
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	
	Sprint PO Box 219554 Kansas City, MO 64121-9554	cell phone (final payment)		CK	1/14/03	\$ 4.29	
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&T Bank Card (Visa) PO Box 819 Wilson, NC 27894-0819	VISA		AK	2/04/03	\$ 1,180.45	
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	
	Verizon PO Box 18000 Greenville, SC 29606-9000			CK	2/04/03	\$ 92.88	
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						\$ 569.22	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 1660.80	
(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 2. ID Number

LINDA D. SHAW For County Commissioner

3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

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
Staples Office Supply Wendover Ave. Greensboro, NC.	Palm Pilot		ck	2/10/03	\$ 320.91
					\$
					\$

b. If Contribution to County Committee, specify: Expense, list office: Coordinated Party

i. If Amendment, choose change type: Add Delete

j. Election Cycle Sum To Date: \$

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
BBAT BANK CARD P.O. Box 815 Wilson, N.C. 27894-0819	VISA			3/11/03	\$ 811.94
					\$
					\$

b. If Contribution to County Committee, specify: Expense, list office: Coordinated Party

i. If Amendment, choose change type: Add Delete

j. Election Cycle Sum To Date: \$

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
VERIZON P.O. Box 18000 Greenville SC 29606-9000	cell phone		ck	3/14/03	\$ 114.26
					\$
					\$

b. If Contribution to County Committee, specify: Expense, list office: Coordinated Party

i. If Amendment, choose change type: Add Delete

j. Election Cycle Sum To Date: \$

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
Staples Office Supply Wendover Ave Greensboro, NC?	Office Supply		ck	3/26/03	\$ 32.93
					\$
					\$

b. If Contribution to County Committee, specify: Expense, list office: Coordinated Party

i. If Amendment, choose change type: Add Delete

j. Election Cycle Sum To Date: \$

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
Verizon PO Box 18000 Greenville SC 29606-9000	cell phone		ck	4/10/03	\$ 114.88
					\$
					\$

b. If Contribution to County Committee, specify: Expense, list office: Coordinated Party

i. If Amendment, choose change type: Add Delete

j. Election Cycle Sum To Date: \$

5. Total only this Page \$ 1394.52

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)

11448
~~11448~~

Disbursements

1. Name of Committee or Fund						2. ID Number	
Linda D. Shaw for County Commission							
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
Operating Expenses		Contributions to Candidates/Political Committees		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
	Food store New Garden Rd Greensboro, NC		Handy for pantry		CK	5/17/03	\$ 15.42
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
	Old Photo Spec. S. Elm St Greensboro		Political Pictures		CK	6/06/03	\$ 71.69
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
	Verizon PO Box 18000 Greenville SC 29606-9000		cell phone		CK	6/06/03	\$ 18.63
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
	Oak Ridge Horse Show Town of Oak Ridge Oak Ridge, N.C.		ad		CK	6/06/03	\$ 20.00
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
	Verizon PO Box 18000 Greenville, SC 29606-9000		cell		CK	5/19/03	\$ 114.83
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						\$ 285.78	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 34061	
(This line goes in line 13c 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)							

Political

Disbursements

1. Name of Committee or Fund		2. ID Number				
Linda O. Shaw for County Commission						
3. Type of Disbursement (Please use separate CRO-1330 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
	The Forum Club c/o Guilford Co. GOP Greensboro, NC	membership plus lunch		CK	2/19	\$ 27.00
	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
	Guilford Co. GOP Greensboro, NC	Lincoln Day Dinner		CK	2/19/03	\$ 250.00
	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
	N.C. Rep Party 2400 S. Salisbury St. Raleigh, NC	convention		CK	5/15/03	\$ 199.00
	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						\$ 27.00
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 476.00
(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)						\$