

**Disclosure Report Cover**

1/13

Amendment  
 Yes  No

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 <i>Linda O. Shaw For County Commissioner</i>		c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 8618 Greensboro, NC 27419</i>		d. Date Filed
		e. Phone Number

2. Report Year <i>2006</i>	3. Period Start Date (mm/dd/yyyy) <i>10/31/06</i>	4. Period End Date (mm/dd/yyyy) <i>12/31/2006</i>	5. Treasurer Full Name <i>Betty P. Wood</i>
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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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC		<table border="1"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <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                 </td> <td> <input type="checkbox"/> Organizational                      Quarterly  <input type="checkbox"/> First Plus  <input type="checkbox"/> Second  <input type="checkbox"/> Third Plus  <input checked="" type="checkbox"/> Fourth  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special                 </td> <td> <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                 </td> </tr> </table>			Municipal	State/County	Referendum	<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	<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<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
Municipal	State/County	Referendum								
<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	<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<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)		9. Special Report Name								
<input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<i>Fourth Quarter</i>								

10. Account Information		10. Account Information	
a. Financial Institution Full Name <i>Mid Carolina Bank</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign account</i>	c. Code	b. Purpose	c. Code
	d. Period Begin Balance <i>\$ 7258.38</i>		d. Period Begin Balance \$

**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.

*Betty R. Wood*      *Betty P. Wood*      *1-10-07*  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
 Date Postmarked: \_\_\_\_\_  
 Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_  
**RECEIVED**  
 Employee: \_\_\_\_\_  
**JAN 10 2007**  
 Employee: \_\_\_\_\_

Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

2/13

## Detailed Summary

Amendment

 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Linda O. Shaw for County Commissioner	Fourth Quarter	
Start of Election Cycle: January 1, 2006	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 7258.38	\$
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 50.00	\$
6) Contributions from Individuals (CRO-1210)	\$ 1900.00	\$
7) Contributions from Political Party Committees (CRO-1220)	\$ 1000.00	\$
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 (CRO-1250)		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income <i>transfer from old acct.</i> (CRO-1250)	\$ 1534.96	\$
12) "Goods and Services" Contributions (CRO-1260)	\$	\$
13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>	\$ 11743.34	\$
<b>EXPENDITURES</b>		
14) Disbursements (CRO-1310)		
14a) Operating Expenditures (CRO-1310)	\$ 4776.58	\$
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$
15) Loan Repayments (CRO-1420)	\$ 2000.00	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>	\$ 6776.58	\$
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>	\$ 4966.76	\$
<b>ADDITIONAL INFORMATION</b>		
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	\$	\$

Contributions from Individuals

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)						2. ID Number
Linda O. Shaw for County Commissioner						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lisa B. Hall 2314 Lafayette Ave. Greensboro, NC 27408						
			c. Employer's Name/Specific Field			
					e. Election Cycle Sum to Date	
					\$ 100 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ck		10-23-06	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Betty L. White 1230 Devonshire Ave. High Point, NC 27262						
			c. Employer's Name/Specific Field			
					e. Election Cycle Sum to Date	
					\$ 250 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ck		10-23-06	\$ 250 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
E-S. Melvin 106 Willoughby Blvd. Greensboro, NC 27408						
			c. Employer's Name/Specific Field			
					e. Election Cycle Sum to Date	
					\$ 100 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ck		10-26-06	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450 <sup>00</sup>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1900 <sup>00</sup>	

Contributions from Individuals

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Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) <i>Linda O. Shaw for County Commissioner</i>	2. ID Number
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3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip) <i>Betty B. Petty 3011 County Clare Rd. Greensboro, NC 27407</i>	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ <i>500<sup>00</sup></i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<i>ck</i>	<i>contribution</i>	<i>10/24/06</i>	\$ <i>500<sup>00</sup></i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip) <i>Thomas C. Hull 2314 Lafayette Ave. Greensboro, NC 27408</i>	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ <i>100<sup>00</sup></i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<i>ck</i>	<i>contribution</i>	<i>10/24/06</i>	\$ <i>100<sup>00</sup></i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information  Add  Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip) <i>Jeanne S Osteen 5902 Tammany Dr. Greensboro, NC 27455</i>	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$ <i>100<sup>00</sup></i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<i>ck</i>	<i>contribution</i>		\$ <i>100<sup>00</sup></i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ *700<sup>00</sup>*

5. Total of ALL CRO-1210 Pages \$ *1900<sup>00</sup>*  
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)						2. ID Number
Linda O Shaw for County Commtssioner						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
David R. Howard 908 Country Club Dr. Greensboro, NC 27408			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 100 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ch	contribution	10-27-06	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mrs. D.H. Griffin 4700 Hilltop Rd. Greensboro, NC 27407			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					\$ 200 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ch	contribution	10/30/06	\$ 200 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sherry H. Freeman 712 Leewood Dr. Greensboro, NC 27410			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					\$ 100 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ch	contribution	11/3/06	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400 <sup>00</sup>	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1900 <sup>00</sup>	

Contributions from Individuals

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) Linda O. Shaw for County Commission						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Marcia S. Regan 4602 Jefferson Wood Ct. Greensboro, NC 27410			b. Job Title/Profession n/a		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 300 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ck	contribution	10/26/06	\$ 200 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Henry H. Isaacson P O Box 1888 Greensboro, NC 27402			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$ 150 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ck	contribution	10/24/06	\$ 150 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350 <sup>00</sup>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1900 <sup>00</sup>	



1. Committee Full Name (and Fund if applicable)				2. ID Number	
<i>Linda O. Shaw for County Commissioner</i>					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
<i>Guilford County Republican Party 5509 B West Friendly Ave., Ste. 103 Greensboro, NC 27410</i>					
				c. Election Cycle Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
	<i>ck</i>	<i>contribution</i>		\$ <i>1000<sup>00</sup></i>	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Cycle Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Cycle Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ <i>1000<sup>00</sup></i>	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ <i>1000<sup>00</sup></i>	

**Other Receipt Sources**

1. Committee Full Name (and Fund if applicable) <i>Linda O-Shaw for County Commissioner</i>				2. ID Number	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i> <i>Linda O. Shaw Commissioner acct BB&amp;T Company Greensboro, NC</i>			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation <i>close BB&amp;T Acct.</i>		
				e. Election Cycle Sum to Date \$ <i>1534<sup>96</sup></i>	
f. Account Code	g. Form of Payment <i>ck</i>	h. In-Kind Description <i>transfer funds from old acct to new</i>	i. Date (mm/dd/yyyy) <i>11/20/06</i>	j. Amount \$ <i>1534<sup>96</sup></i>	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
				e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount \$	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
				e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount \$	
				\$	
5. Total only this Page				\$ <i>1534.96</i>	
6. Total of ALL CRO-1250 Pages				\$ <i>1534.96</i>	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

**Disbursements**

1. Committee Full Name (and Fund if applicable) <i>Linda O. Shaw for County Commissioner</i>	2. ID Number
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3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*  
 Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Jenine Lane</i>	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 Cycle Sum to Date \$ <i>50<sup>00</sup></i>	

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	<i>check</i>	<i>poll water</i>	<i>11/07/06</i>	\$ <i>50<sup>00</sup></i>
				\$

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Staples 4214 Wendover Ave. Greensboro, NC 27407</i>	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 Cycle Sum to Date \$ <i>164.13</i>	

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	<i>check</i>	<i>supplies</i>	<i>11/11/06</i>	\$ <i>164<sup>13</sup></i>
				\$

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>US Post Office W. Market St. Greensboro, NC 27401</i>	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 Cycle Sum to Date \$ <i>234<sup>00</sup></i>	

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	<i>check</i>	<i>postage</i>	<i>12/06/06</i>	\$ <i>39<sup>00</sup></i>
	<i>"</i>	<i>"</i>	<i>11/20/06</i>	\$ <i>39<sup>00</sup></i>

5. Total only this Page	\$ <i>292<sup>13</sup></i>
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6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$ <i>4776.58</i>
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**Disbursements**

1. Committee Full Name (and Fund if applicable) <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 Disbursement)					
<input 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)		b. Coordinated Committee Name		d. Comments	
<i>Rhino Times 107 E Market St. Greensboro, NC 27401</i>		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ <i>945<sup>00</sup></i>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	<i>check</i>	<i>advertising</i>	<i>11/01/06</i>	\$ <i>945<sup>00</sup></i>	
				\$	
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	
<i>Christopher Jessup</i>		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ <i>150<sup>00</sup></i>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	<i>check</i>	<i>sign distribution</i>	<i>11/06/06</i>	\$ <i>150<sup>00</sup></i>	
				\$	
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	
<i>Reagan Suggs</i>		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ <i>100<sup>00</sup></i>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	<i>check</i>	<i>sign distribution</i>	<i>11/06/06</i>	\$ <i>100<sup>00</sup></i>	
				\$	
5. Total only this Page				\$ <i>1195</i>	
6. Total of ALL CRO-1310 Pages				\$ <i>4776.58</i>	
<small>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)          (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)          (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>					

**Disbursements**

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Linda O. Shaw For County Commissioner						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input 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)			b. Coordinated Committee Name		d. Comments	
Northwest Observer Box 68 - 1692 F1 Oak Ridge, NC 27310						
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 600 <sup>00</sup>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
	check	advertising	10/31/06	\$ 600 <sup>00</sup>		
				\$		
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	
Arrowhead Group 508 Houston St. Greensboro, NC 27401						
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2655 <sup>17</sup>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
	check	printing	10/31/06	\$ 2655 <sup>17</sup>		
				\$		
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	
Lindford Building Supply 1621 Battleground Ave. Greensboro, NC 27408						
			c. Level Registered (Specify)		e. Election Cycle Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 34 <sup>28</sup>	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
	ck	sticker for sign	10/31/06	\$ 34 <sup>28</sup>		
				\$		
5. Total only this Page					\$ 3289.45	
6. Total of ALL CRO-1310 Pages					\$ 4776.58	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						

**Loan Repayments**

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Linda O. Shaw For County Commissioner					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Robert G. (Bob) Shaw P.O. Box 8618 Greensboro, NC 27419					
				c. Original Loan Date	
				10-5-06	
				d. Original Loan Amount	
				\$ 2000 <sup>00</sup>	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0		ch	12/19/06	\$ 2000 <sup>00</sup>	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 2000 <sup>00</sup>	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 2000 <sup>00</sup>	