

79 102 14

Disclosure Report Cover

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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 LINDA O. SHAW For County Commissioners	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 8618 Greensboro, NC 27419	d. Date Filed 4/24/06
	e. Phone Number 855-7533

2. Report Year 1st quarter	3. Period Start Date (mm/dd/yyyy) 1-01-06	4. Period End Date (mm/dd/yyyy) 4-15-06	5. Treasurer Full Name
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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"/> Party	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Referendum		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First Plus	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
<input type="checkbox"/> Other			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name BBBANK & Trust	a. Financial Institution Full Name	b. Purpose Campaign Account	e. Code
b. Purpose	c. Code	d. Period Begin Balance \$ 169.93	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.

LINDA O. SHAW *Linda O. Shaw* **4/24/06**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____ Very Method Delivery

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Hand Delivered

Electronically Filed

RECEIVED
APR 24 2006
 GUILFORD COUNTY
 ELECTIONS

Pg 2 of 14

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
LINDA D. SHAW ^{County} Commissioner Campaign					
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 169.93		\$ 169.93	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1200)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 4,050.00		\$ 4,050.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 2,500.00		\$ 2,500.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250a)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250b)		\$		\$	
11c) Outside Sources of Income (CRO-1250c)		\$		\$	
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>		\$ 7,319.93		\$ 7,319.93	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310a)		\$ 6,960.85		\$ 6,960.85	
14b) Contributions to Candidates/Political Committees (CRO-1310b)		\$		\$	
14c) Coordinated Party Expenditures (CRO-1310c)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1330)		\$		\$	
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>		\$ 6,960.85		\$ 6,960.85	
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>		\$ 359.08		\$ 359.08	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1410)		\$ 2,500.00		\$	
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

Page 3 of 14

Assessment: Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number
LINDA E. 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	
unitemized						
			e. Employer's Name/Specific Field		c. Election Cycle Run to Date	
					\$ - 0 -	
e. Prior	f. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		3/17/06	\$ 100.00	
<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	
unitemized						
① 100.00 = 700.00			e. Employer's Name/Specific Field		c. Election Cycle Run to Date	
					\$ - 0 -	
e. Prior	f. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK'S		3/29/06	\$ 700.00	
<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	
Jim Melvin 324 W. Wendover Greensboro, NC 27408			FOUNDATION EXECUTIVE			
			e. Employer's Name/Specific Field		c. Election Cycle Run to Date	
			Joseph Bryan Foundation		\$ - 0 -	
e. Prior	f. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		3/29/06	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,050.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on the 6 of Detailed Summary Page CRO-1100)</small>					\$ 14,450.00	

CRO-1210

NC State Board of Elections

March 2007

1050.00

Contributions from Individuals

of 4 of 14

Amendment Yes No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
LINDA D. SHAW FOR COUNTY COMMISSIONERS			
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
Wm. E. Price, JR. P.O. Box 5881 High Point, N.C. 27262		OWNER.	
		e. Employer's Name/Specific Field	
		Price Real Est N. MAIN ST. HIGH POINT, NC	
		c. Election Cycle Term to Date	\$ - 0 -
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>		ck -	
			j. Date (mm/dd/yyyy)
			3/17/06
			k. Amount
			\$ 250.00
<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
unitemized 2 ck 100 ea			
		e. Employer's Name/Specific Field	
		c. Election Cycle Term to Date	\$ - 0 -
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>			
			j. Date (mm/dd/yyyy)
			k. Amount
			\$ 200.00
<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. Employer's Name/Specific Field	
		c. Election Cycle Term to Date	\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>			
			j. Date (mm/dd/yyyy)
			k. Amount
			\$
			\$
			\$
4. Total only this Page		\$ 250.00	
5. Total of ALL CRO-1210 Pages		\$ 450.00	

CRO-7310

NC State Board of Elections

March 2005

~~250.00~~

Contributions from Individuals

of 5 of 14

Amendment: Yes No

1. Committee Full Name (and Fund if applicable):		2. ID Number:	
LINDA D. 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
Roger Cotton Hobbs Rd. Greensboro, NC 27410		Retired	
		c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date	
		\$ - 0 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>		check	
			j. Date (mm/dd/yyyy)
			4/08/06
			k. Amount
			\$ 200.00
<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
DAVID MILLER DS MILLER, INC 1131 Foust St. High Point, NC 27260		President	
		c. Employer's Name/Specific Field	
		DS MILLER, INC 1131 Foust St. High Point, NC 27260	e. Election Cycle Sum to Date
		\$ - 0 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>		check	
			j. Date (mm/dd/yyyy)
			k. Amount
			\$ 200.00
<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
KAREN JOHNSTON 1610 GRANVILLE RD. GREENSBORO, NC 27408		Retired	
		c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date	
		\$ - 0 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>		ck.	
			j. Date (mm/dd/yyyy)
			k. Amount
			\$ 200.00
<input type="checkbox"/>			\$
<input type="checkbox"/>			\$
4. Total only this Page		\$ 1000.00	
5. Total of ALL CRO-1210 Pages		\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>			

CRO-1210

NC State Board of Elections

March 2005

1000.00

Contributions from Individuals

Page 6 of 14

Assessment Yes No

1. Contributor Full Name (and Fund if applicable)						2. ID Number
LINDA D. SHAW For County Commission						
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	
UNitemized (1)						
			e. Employer's Name/Specific Field		c. Election Cycle Sum to Date	
					\$ - 0 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ck			\$ 100.00	
<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	
Joe Bostic 3501 Bromley Woods Lane Greensboro, NC 27410			Self-employed Construction			
			e. Employer's Name/Specific Field		c. Election Cycle Sum to Date	
					\$ - 0 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ck			\$ 250.00	
<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	
John Hawkins 3900 Cascade Dr. Greensboro, NC 27410			Retired			
			e. Employer's Name/Specific Field		c. Election Cycle Sum to Date	
					\$ - 0 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		ck			\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$	

Contributions from Individuals

Page 7 of 14

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	
Dean Green 3800 W. WENDOVER AV. GREENSBORO, NC 27407			OWNER/PRES. GREEN FORD GREENSBORO, NC			
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					\$ - 0 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CK		4/08/06	\$ 500.00	
<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	
FRANK FREEMAN 712 LEAWOOD DR. GREENSBORO, N.C. 27410			Retired			
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					\$ - 0 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CK			\$ 250.00	
<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	
GLADYS SEARS 1615 ONTARIO GREENSBORO, N.C. 27419			Retired			
			c. Employer's Name/Specific Field		e. Election Cycle Sum to Date	
					\$ - 0 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CK.			\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 1,750.00
5. Total of ALL CRO-1210 Pages (This line must be on this & of Detailed Summary Page CRO-1100)						\$ 1,750.00

CRO-7376

NC State Board of Elections

March 2007

Contributions from Individuals

Page 8 of 14

Assessment: Yes No

1. Committee Full Name (and Fund if applicable)						2. ID Number
LINDA D. 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	
CAROLYN GORJA 5274 McLEANSVILLE RD. McLEANSVILLE, NC 27301			Retired			
			c. Employer's Name/Specific Field		e. Election Cycle Start to Date	
					\$ - 0 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CK			\$ 250.00	
<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 Start 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"/>					\$	
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 Start 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					\$ 250.00	
5. Total of ALL CRO-1210 Pages					\$	

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Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure law.

• Name of committee to receive loan:	LINDA Q. SHAW FOR COUNTY COMMISSIONER
• Person lending money to committee (Lender):	Robert G. (Bob) SHAW
Date of loan to committee:	3/21/06
• Name of lending institution and account number (source):	Same as above above LN*
e Amount of loan:	\$ 2000.00 + 500.00 .00
a Names of all parties responsible for payment of loan (guarantors):	LINDA Q. SHAW FOR COUNTY COMMISSIONER
• Period of loan:	Dec. 21, 2006
• Rate of interest of loan:	- 0 -
• Security pledged for loan:	- 0 -

I, _____, (Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Robert G. Shaw

Signature of Lender

Linda Q. Shaw

Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Loan Proceeds

Page 10 of 14 Amendment Yes No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
LINDA D. 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. Job Title/Profession	d. Comments
Robert G. (Bob) SHAW P.O. Box 8618 Greensboro, NC 27419		OWNER	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	
		FRIENDLY RD. INN PO BOX 8618 Greensboro 27419	3-21-06
		f. End Date (mm/dd/yyyy)	12-21-06
g. Rate	b. Security Pledged	i. Account Code	j. Form of Payment
N/A %			check
			k. Amount
			\$ 2,000.00
l. Full Name of Lending Institution		m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		0 %	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>			\$ 2,000.00

Loan Proceeds

Page 11 of 14 Amendment Yes No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
LINDA D. SHAW - County Commissioner			
3. Lender 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
Robert G. (Bob) Shaw PO Box 8618 Greensboro, NC 27419		OWNER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Friendly Rd. SW PO Box 8618 Greensboro NC	4-08-06
			f. End Date (mm/dd/yyyy)
			12-21-06
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
N/A			ck
			k. Amount
			\$ 500.00
l. Full Name of Lending Institution			m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		0 %	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages <small>(This line must be on line 9 of Detailed Summary Page CRO-1100)</small>			\$ 2,500.00

CRO-1410

NC State Board of Elections

March 2003

Total Loan

Disbursements

Page 12 of 14 Amendment Yes No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
LINDA D. SHAW FOR COUNTY COMMISSIONER			
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 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
Guilford County BOE 10. Market St. Greensboro, NC			Filing Fee
		c. Level Registered (Specify)	e. Election Cycle Start to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	\$ - 0 -
f. Account Code	g. Form of Payment	h. Purpose	i. Amount
	CK.		\$ 201.00
			\$
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
Poster Prints			Political Signs
		c. Level Registered (Specify)	e. Election Cycle Start to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	\$ - 0 -
f. Account Code	g. Form of Payment	h. Purpose	i. Amount
	CK.		\$ 1,667.50
			\$
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
Kathy Dossley High Photographs Bessemer Ave Greensboro, NC.			Photo's
		c. Level Registered (Specify)	e. Election Cycle Start to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	\$ - 0 -
f. Account Code	g. Form of Payment	h. Purpose	i. Amount
	CK		\$ 176.55
			\$
5. Total only this Page			\$ 2051.05
6. Total of ALL CRO-1310 Pages			\$ 1,344.40 1,344.40
<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

Ps 13 of 14 Amendment Yes No

1. Committee Full Name (and Fund if applicable)		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
US Post Office W. Market St - Greensboro, NC 27419			Roll Stamps
		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	\$ - 0 -
k. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy) j. Amount
	CK		3/31/06 \$ 29.00
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
Guilford Co. BOE. W. MKY. St - Greensboro, NC			Dist. 3 List
		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	\$ 207.00
k. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy) j. Amount
	CK		3/31/06 \$ 59.00
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
US Post Office West Market St - Greensboro, NC 27419			Roll Stamps
		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	\$ 39.00
k. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy) j. Amount
	CK		4/01/06 \$ 39.00
5. Total only this Page			\$ 520.55
6. Total of ALL CRO-1310 Pages			\$
<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

Page 14 of 14 Amendment Yes No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
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
Blackwelder's Communications 1700 Edwards Hillsboro, NC 27428			Printing and Mailing.
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		\$ - 0 -	
f. Account Code	g. Form of Payment	h. Purpose	i. Amount
			\$ 4,772.80
			\$
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
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		\$	
f. Account Code	g. Form of Payment	h. Purpose	i. Amount
			\$
			\$
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
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		\$	
f. Account Code	g. Form of Payment	h. Purpose	i. Amount
			\$
			\$
5. Total only this Page			\$ 4,772.80
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>			\$

CRO-1310

NC State Board of Elections

March 2003