Disclosure Re						Yes No			
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  Do not use this form to update information									
1. Committee Infor						Olive Allegan Harris and Allegan			
a. Full Name	Mation		- 1 D A	DDUC COL	INTY	c. ID Number			
a. Full Name  CABARRUS COUNTY  Committee to Elect Benita Lowder Conrad  BOARD OF ELECTIONS  PDM014									
b. Mailing Address (incl	ude City, State and Zip Code)		(	OCT 28 2019	9	d. Date Filed			
5503 Peachgrove Co				JCT 2					
Harrisburg, NC 280	75			RECEIVED	)	e. Phone Number			
						704-773-6943			
2. Report Year	3. Period Start Date (mm/c		. Period Emm/dd/yy)	nd Date	5. Treasurer Fu	ll Name			
2019	1/1/16		10/2	1/19	Benita Lowder (	Conrad			
6. Type of Committ		9. Type o	f Report	(check onl	y one type of repo	rt from one category)			
Candidate Campa	ign Party	Municipal		State/Co	ounty	Referendum			
PAC	Referendum	Or;	ganizational		Organizational	Organizational			
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Th	irty-five day	Ç	Quarterly	Pre-referendum			
7. Type of Fund	(if applicable, check one)	l Der	e-primary		First	Final			
"Booster Fund"	ty appricable, check one)	_	e-election	12	Second	Supplemental Final			
Building Fund		1 ==	e-runoff	15	Third	Annual			
		ı —	mi-annual		Fourth	Special			
et. se			Mid Year	_ s	emi-annual				
Other:			Year End		Mid Year	10. Special Report Name			
			ıal		Year End				
8. Number of Funda		Spe	ecial		inal pecial				
11. Account Informa	ation	1000	3/1-1-1	11. Account I					
a. Financial Institution F				a. Financial Instit					
Pinnacle Bank									
b. Purpose	c. Account Code			b. Purpose		c. Account Code			
Campaign	A								
	d. Period Begin Balance	:				d. Period Begin Balance			
	\$ 0					\$			
CERTIFICATION			*						
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Benita Lowder Conrad  Printed Name of Signer  Signature of Appointed Treasurer  Date									
FOR OFFICE USE OF	NLY ,								
Date Received:	10/28/19	Em	nployee:	Sm	9_	Delivery Method Normal Mail			
Date Postmarked		Em	nployee:	-	400	Registered Mail Hand Delivered			
Date Scanned:	10/1/19	Em	nployee:	8ma	<del>J</del>	☐ Electronically Filed ☐ Signer has not received			
Date Data Entere	d:	Em	nployee:			mandatory training			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.									

CRO-1000

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment

## **Detailed Summary**

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Committee to Elect Benita Conrad Year End PDM014 Pre-Election Total this Total this Start of Election Cycle: January 1, 2016 Reporting Period **Election Cycle** Cash on Hand at Start RECEIPTS 5) **Aggregated Contributions from Individuals** 140.00 (CRO-1205) 140.00 6) Contributions from Individuals \$ **晋** RO-\$ 2450.00 2450.00 **Contributions from Political Party Committees** 7) \$ \$ (CRO-1220) 0 0 8) **Contributions from Other Political Committees** 0 (CRO-1230) \$ 0 Loan Proceeds 9) 00 \$ (CRO-1410) \$ 30 10) Refunds/Reimbursements To the Committee 0 \$ 0 (CRO-1240) \$ 11) Other Receipt Sources Interest on Bank Accounts (CRO-1250) \$ 0 \$ 0 11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$ 0 \$ 0 11c) Outside Sources of Income (CRO-1250) \$ 0 \$ 0 11d) Legal Expense Fund – Other Sources (CRO-1270) \$ 0 \$ 0 11 e) Exempt Purchase Price Sales 0 (CRO-1265) \$ \$ 0 **12) TOTAL RECEIPTS** (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 2590.00 \$ 2620.00 EXPENDITURES 13) isbursements 13a) **Operating Expenditures** (CRO-1310) 0 \$ 30 \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 0 \$ 0 13c) Coordinated Party Expenditures (CRO-1310) 0 \$ 0 14) Aggregated Non-Media Expenditures (CRO-1315) 0 \$ 0 15) Loan Repayments (CRO-1420) 0 \$ 0 Refunds/Reimbursements From the Committee 16) (CRO-1320) \$ 0 \$ 0 17) **In-Kind Contributions** \$ 0 \$ (CRO-1510) 0 TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) \$ 0 \$ 30 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 2590.00 \$ 2590.00 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 1094.58 22) Debts and Obligations owed By the Committee (CRO-1610) \$ 0 Debts and Obligations owed To the Committee 23) 0 \$ (CRO-1620) 24) **Account Transfers Within the Committee** 0 (CRO-1720) \$ **Administrative Support** 25) (CRO-1710) 0 0 \$ 26) Forgiven Loans 0 \$ 0 (CRO-1440) 48-Hour Notice Reports Sum 27) (CRO-2220) \$ 0 \$ 0 Contributions to be Refunded 0 (CRO-1215) \$ 0

Amendment

Yes

 $\boxtimes$ 

No

Page

1 1 Amendment Yes

 $\boxtimes$ 

No

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)							2. ID Number	
	nittee to Elect B						PDM014	
3. Con	ntributor Inform							
a. Amen		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	yy)	f. Amount	
	Add Remove	- A	cash		10/15/	19	\$ 20.00	
	Add Remove	A	cash		10/17/	19	\$ 35.00	
	Add Remove	A	cash		10/17/	19	\$ 40.00	
	Add Remove	- A	cash		10/17/	′19	\$ 45.00	
	Add						\$	
Ц	Remove						Φ	
Ц	Add						\$	
$\sqsubseteq$	Remove						Ф	
<u> </u>	Add						\$	
	Remove						Φ	
<del>Ц</del> _	Add						\$	
<del></del>	Remove						Ψ	
<del> </del>	Add						\$	
<del> </del>	Remove Add						<u> </u>	
<del> </del>	Remove	4					\$	
<del> </del>	Add				_		T	
Η	Remove	-					\$	
	Add							
$\vdash$	Remove	-					\$	
<del>                                     </del>	Add	-						
$\vdash$	Remove	#					\$	
	Add							
H	Remove	1					\$	
	Add							
Ħ	Remove	1					\$	
	Add							
	Remove						\$	
	Add	7						
	Remove						\$	
	Add						Φ.	
	Remove						\$	
	Add						\$	
	Remove						\$	
	Add						\$	
	Remove						Φ	
Ц	Add						\$	
<u> </u>	Remove	<u> </u>					Ψ	
	Add Remove						\$	
	al only this P					\$	140.00	
	al of ALL Cl					\$	140.00	
(Trus u	ne must be on une	5 of Detailed Sun	mmary Page CRO-1100)					

## Amendment **Contributions from Individuals** Yes Pg No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Benita Conrad PDM014 M 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Owner Mike Brown **Employer Resources** 6808 River Hills Drive c. Employer's Name/Specific Field Harrisburg, NC 28075 MedReview LLC e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Α check 10/2/19 \$ 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Farmer Lloyd L. Quay Jr. 7570 Hickory Ridge Road c. Employer's Name/Specific Field Harrisburg, NC 28075 self-employed e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Α check 10/2/19 \$ 500.00 П \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Reitred entreprenuer Robert F. MacLeod Veteran 8268 Ferrel Place c. Employer's Name/Specific Field

_					\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yy	/y)	k. Amount	
	A	check		10/4/1	9	\$	150.00
						\$	
						\$	
4. Total	only this Pag	e			\$		750.00

Harrisburg, NC 28075

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

e. Election Sum to Date

\$

		* * * * * * * * * * * * * * * * * * * *					Amendme	nt
		m Individuals dividual contributions	over \$5			of <u>3</u> RO 1205 is r	☐ Ye not used	s 🛭 No
		(and Fund if applica				2. ID Nu		THE STATE OF
committ	tee to Elect Benita	Conrad			34		PDM014	
3. Conti	ributor Informat	ion		Add R	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts	
(includ	e city, state, & zip)			Retired school te	acher			
Linda L								
	dar Cove Drive			c. Employer's Name/				
Harrisbu	ırg, NC 28075			Cabarrus County	Schools			
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-i	Kind Description	j. Date (mm/dd/	vvvv)	k. Amount	
	A	check			10/9		\$	100.00
			-		10/5			100.00
Ш							\$	
							\$	
The second second second	ibutor Informati			Add R	emove			
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
	city, state, & zip)			Retired				
Sylvia L				Real Estate Agen				
Market \	-			c. Employer's Name/Specific Field		_		
Harrisbu	rg, NC 28075			Allen Tate Realto	ors	El «	0 1 0 1	
						e. Election	Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	A	checkl			10/10	)/19	\$	500.00
							\$	
							\$	
3. Centr	ibutor Informati	on Manager and the second		Add Re	emove	wil 200		
	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commen	ts	
	city, state, & zip)			Developer				
Robert W				Commercial Real		_		
	lin Avenue NW			c. Employer's Name/S		4		
Concora,	NC 28025			RWN Investments	s LLC	777 11 (		
						e. Election S	Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Aind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	A	check			10/14	/19	\$	500.00
							\$	
							Ă혬	
4. Total	only this Pag	e e e e e e e e e e e e e e e e e e e	had t			\$		1100.00
5. Total	of ALL CRO	-1210 Pages				\$	0.4	150,00
(This line	e must be on line 6 of.	Detailed Summary Page C	RO-1100)			Φ	de	150.00

		lividual contributions		0 or contribution	ons und	er \$50 if form CF	RO 1205 is n	ot used	
1. Comn	nittee Full Name	(and Fund if applica	ble)				2. ID Number		
Committ	ee to Elect Benita	Conrad						PDM014	
	ibutor Informati			Add 🗌	Rei	move			
	me, Mailing Address	& Phone		b. Job Title/Pr	ofession		d. Commen	ts	
	city, state, & zip)			Developer	LD 11	7 D . 1			
Tao Zhang 2101 Queens Road			c. Employer's		Estate Develop	-			
	e, NC 28207			Capital Nex		becilic Field	-		
	,			Cup			e. Election S	Sum to Date	
							\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount	
	A	check				10/10	/19	\$	500.00
• 🗆								\$	
								\$	
3. Contr	ibutor Informati	on		Add 🗌	Ren	nove		tĀ	Lab all ar
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Pr			d. Commen		
	city, state, & zip)			Certified Pu	blic Ac	countant			
_	nen A. Jolly								
	ton Street			c. Employer's Name/Specific Field  Kohari & Jolly PLLC			4		
Harrisbui	rg, NC 28075			Konari & Jo	ony PLI	LC	e. Election S	Sum to Data	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Lind Description		j. Date (mm/dd/yy	/yy)	k. Amount	
	A	check				10/15/	19	\$	100.00
								\$	
								\$	
	butor Informatio	2192		Add		nove			
	ne, Mailing Address	& Phone		b. Job Title/Pro	ofession		d. Comment	ts	
(include	city, state, & zip)			-					
				c. Employer's N	Name/Spe	ecific Field	-		
							e. Election S	um to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. Date (mm/dd/yy	yy)	k. Amount	
								\$	
								\$	
								\$	
4. Total	only this Page	e	SOL				\$		600
5. Total	of ALL CRO	-1210 Pages	DO 1100				\$	245	00.00

Contributions from Individuals

Amendment Yes

 $\boxtimes$ 

No

## Amendment Dispursements Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. $\boxtimes$ No

1. Committee F	2. ID Number				
	Elect Benita Conrad				PMD014
3. Type of Disb			CRO-1310 forms for ea		
Operating E		Contributions to Ca	andidates/Political Committee		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Commit	tee Name	d. Comments
(include city, state,	& zip)		n/a		
			n Lavel Danistaned (Spe	-1.6, A	
			c. Level Registered (Spec		
			State	County:  Municipality:	e. Election Sum to Date
•			State	Withhelpanty.	
					\$ 0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
			, ,,,,,,,		- In the state of
				\$	
				Φ.	
				\$	
4. Payee Inform	nation		Add [	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committ	tee Name	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Spec	_	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				0	
				\$	
				\$	
4. Payee Inform			Add [	Remove	
	ng Address & Phone		b. Coordinated Committee	ee Name	d. Comments
(include city, state,	& zip)				
			V 15 14 16		_
			c. Level Registered (Spec		_
			Federal State	County:	71 1 2 1 7
		d	State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	- Amount	k. Required Remarks
	g	<u> </u>	in Date (iiiiii. aa. 3333)		R. Required Remarks
		1		\$ =	
				\$	
5. Total only this	s Page	Smile See See See			\$ 00
	CRO-1310 Pages			ESTENDING STREET	
	line 13a of Detailed Sum				Φ 00
			0 if Contrib to Candidates/Po		\$ 00
			0 if Coordinated Party Exper	nditures)	
	es (List detailed exp				
A* - Media	B* - Printing	C* - Fund			her Candidate
E - Salaries	F* - Equipment	G - Politic			g Public Office Expenses
P - Postage O* - Other	J - Penalties	K* - Ome	ce Expenses	Q* - Donati	ion to Legal Expense Fund
	e detailed explanation	on in required re	emarks field (k)	한탈, 당일상학의 - 최	

Amendment Loan Proceeds  $\boxtimes$ Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information No  $\mathbf{of}$ 

A loan proceeds statement must accompany each loan that is from an individual

	ame (and Fund if applical	ble)		2. ID Numl	ber	
Committee to Elect B	enita Conrad					
3. Lender Information	)II	Add			Remove	
a, Full Name, Mailing Add		b. Job Title/Profe	ssion		d. Comments	
(include city, state, & zi	p)	Retired				
Victor Alvin Conrad		Dispatch Supe	rvisor			
5503 Peachgrove Cou					e. Start Date (mm/dd/yyyy)	
Harrisburg, NC 2807:	5	c. Employer's Nar	me/Specific Field		7/11/19	
		UPS			f. End Date (mm/dd/yyyy)	
			- <u> </u>		10/21/19	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Paym	nent	k. Amount	
0 %	n/a		cash		\$ 30	
l. Full Name of Lending In	n/a			Too.		
1. Pull Name of Denuing 10	Sutution			m. Loan	Number	
4. Endorsers/Makers	(The people who guar	rantee the loan.)				
a. Full Name, Mailing Add		b. Job Title/Pro	fession	c. Emplo	oyer's Name/Specific Field	
(include city, state, & zij	p)					
•		d. Percentage			e. Amount	
- Pull Maria Malling Add	0 DL	1. 1.1 (70):1. (7)				
a. Full Name, Mailing Add (include city, state, & zip		b. Job Title/Pro	b. Job Title/Profession		yer's Name/Specific Field	
(include city, source as an	<u>"</u>					
		d. Percentage		e. Amour	nt	
			%	\$		
a. Full Name, Mailing Add		b. Job Title/Pro	fession	c. Emplo	yer's Name/Specific Field	
(include city, state, & zip	)	d. Percentage	%	e. Amoun	ıt	
a. Full Name, Mailing Addi	ress & Phone	b. Job Title/Prof	fession	c. Employ	yer's Name/Specific Field	
(include city, state, & zip		51.000	10331011	C. Employ	yer s ivame/opecine rieig	
•						
		d. Percentage		e. Amoun	it	
			%	\$		
5. Total of ALL C	RO-1410 Pages 9 of Detailed Summary Page CR	(O-1100)		\$	30	

Ot	ıtstaı	nding	Loans

				Amen	dment		
Pg	1	of	1		Yes	$\boxtimes$	No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full N		2. ID Number			
Committee to Elect E					
2.111.6	Sander avancement	4.1.			
3. Lender Information		Add		Remove	of how years a draw and issues
a. Full Name, Mailing Ad		-	Title/Profession		J. Comments
(include city, state, & z Victor Alvin Conrad	(P)	Retire			
5503 Peachgrove Con	.ut	Dispa	tch Supervisor	-	2 2
Harrisburg, NC 2807		e Empl	oyer's Name/Specific Fi		e. Start Date (mm/dd/yyyy)
Hairisburg, NC 2007	J	UPS	oyer's Name/Specific Fi	eiu	7/17/15
				ſ	. End Date (mm/dd/yyyy)
	1				10/21/19
g. Rate	h. Security Pledged		i. Original Loan Amo	ount j	. Remaining Loan Balance
0 %	n/a n/a		\$ 1064.58	9	5 1094.58
k. Full Name of Lending I	nstitution			1.	. Loan Number
3. Lender Information		Add		temove	
a. Full Name, Mailing Add		b. Job T	itle/Profession	d	. Comments
(include city, state, & zi	p)				
				-	
		a Emple	numba Namai@nadi@a Ei		. Start Date (mm/dd/yyyy)
		с, втрю	oyer's Name/Specific Fie	eia	
				-	End Date (mm/dd/yyyy)
					End Date (mm/dd/yyyy)
	v				
g. Rate	h. Security Pledged		i. Original Loan Amo	unt j.	Remaining Loan Balance
%			\$	\$	
k. Full Name of Lending I	nstitution			l.	Loan Number
3. Lender Informatio	n 🗆	Add	□ R	amaira	
a. Full Name, Mailing Add			itle/Profession		Comments
(include city, state, & zij		0.300 1	ille/Frolession	u.	. Comments
( , , , , , , , , , , , , , , , , , , ,					
				e.	Start Date (mm/dd/yyyy)
•		c. Emplo	yer's Name/Specific Fie		( 2333)
				f.	End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged		: Ouisinal Loop Amo		Daniel Control
	ii. Security Fleuged		i. Original Loan Amor	unt j.	Remaining Loan Balance
%			\$	\$	
k. Full Name of Lending In	stitution			l,	Loan Number
4. Total only this Page					¢ 1004.59
5. Total of ALL CRO					\$ 1094.58
	21 of Detailed Summary Page	CRO-1100)			\$ 1094.58