

Disclosure Report Cover

Amendment

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 Information

a. Full Name	c. ID Number		
Committee To Elect David Conrad			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
1389 LLOYD PLACE NW CONCORD, NC 28027	1/23/2026		
	e. Phone Number		
	704-886-4942		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	07/01/2025	12/31/2025	KEITH LAIBSON

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)			
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <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	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <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)				10. Special Report Name
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				

11. Account Information

a. Financial Institution Full Name	11. Account Information		
PINNACLE BANK	a. Financial Institution Full Name		
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CHECKING ACC USED TO RECEIVE CAMPAIGN CONTRIBUTION	1	RECEIVED IN-PERSON JAN 23 2026 CABARRUS COUNTY BOARD OF ELECTIONS	d. Period Begin Balance \$
	d. Period Begin Balance		
	\$ 1550		

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.

KEITH LAIBSON

Printed Name of Signer

Signature of Appointed Treasurer

1/23/2026

Date

FOR OFFICE USE ONLY

Date Received:	1-23-26	Employee:	WAN	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:	1-23-26	Employee:	JAN	<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received 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.

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

Detailed Summary

Amendment
 Yes No

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 DAVID CONRAD	2025 YEAR END	
Start of Election Cycle: January 1, 2025		Total this Reporting Period
4) Cash on Hand at Start	\$ 1550	\$
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 25
6) Contributions from Individuals	(CRO-1210)	\$ 200
7) Contributions from Political Party Committees	(CRO-1220)	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$
9) Loan Proceeds	(CRO-1410)	\$ 1500
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 100
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$
11c) Outside Sources of Income	(CRO-1250)	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 325	\$ 1825
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 605.64
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$
15) Loan Repayments	(CRO-1420)	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$
17) In-Kind Contributions	(CRO-1510)	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 605.64	\$ 605.64
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1269.36	\$ 1269.36
ADDITIONAL INFORMATION		
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	(CRO-2220)	\$
28) Contributions to be Refunded	(CRO-1215)	\$

Aggregated Contributions from Individuals

Page

Amendment

of

Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
COMMITTEE TO ELECT DAVID CONRAD					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	CHECK	08/11/25	\$ 25.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
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<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				\$
4. Total only this Page				\$ 25.00	
5. Total of ALL CRO-1205 Pages				\$ 25.00	
(This line must be on line 5 of Detailed Summary Page CRO-1100)					

Contributions from Individuals

Pg _____ of _____ Yes 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 DAVID CONRAD					
3. Contributor Information		<input type="checkbox"/>	Add	<input type="checkbox"/>	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHRIS MEASMER PO BOX 8133 Concord, NC 28027		b. Job Title/Profession SENATOR		d. Comments	
		c. Employer's Name/Specific Field NC General Assembly			
				e. Election Sum to Date \$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		11/14/2025	\$ 200
<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 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"/>					\$
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 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					\$ 200
5. Total of ALL CRO-1210 Pages					\$ 200
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

Refunds/Reimbursements To the Committee

Pg _____ of _____ Amendment _____
 Yes No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)			2. ID Number																										
COMMITTEE TO ELECT DAVID CONRAD																													
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="0"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>d. Type of Committee</td> <td>g. Comments</td> </tr> <tr> <td>CITY OF CONCORD 147 Academy Avenue NW CONCORD NC 28027</td> <td><input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>e. Level Registered (Specify)</td> <td>h. Original Expenditure Date</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td>10/20/2025</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>i. Original Expenditure Amt</td> </tr> <tr> <td></td> <td></td> <td>\$ 210.84</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments	CITY OF CONCORD 147 Academy Avenue NW CONCORD NC 28027	<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party						e. Level Registered (Specify)	h. Original Expenditure Date		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	10/20/2025						i. Original Expenditure Amt			\$ 210.84
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments																											
CITY OF CONCORD 147 Academy Avenue NW CONCORD NC 28027	<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party																												
	e. Level Registered (Specify)	h. Original Expenditure Date																											
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	10/20/2025																											
		i. Original Expenditure Amt																											
		\$ 210.84																											
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose																										
			REFUND OF DEPOS																										
			\$ 100																										
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount																									
1	CARD		11/17/2025	\$ 100																									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="0"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>d. Type of Committee</td> <td>g. Comments</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>e. Level Registered (Specify)</td> <td>h. Original Expenditure Date</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td></td> </tr> <tr> <td></td> <td></td> <td>i. Original Expenditure Amt</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party						e. Level Registered (Specify)	h. Original Expenditure Date		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				i. Original Expenditure Amt			\$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments																											
	<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party																												
	e. Level Registered (Specify)	h. Original Expenditure Date																											
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																												
		i. Original Expenditure Amt																											
		\$																											
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose																										
			\$																										
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount																									
				\$																									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="0"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>d. Type of Committee</td> <td>g. Comments</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>e. Level Registered (Specify)</td> <td>h. Original Expenditure Date</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td></td> </tr> <tr> <td></td> <td></td> <td>i. Original Expenditure Amt</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party						e. Level Registered (Specify)	h. Original Expenditure Date		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				i. Original Expenditure Amt			\$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments																											
	<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party																												
	e. Level Registered (Specify)	h. Original Expenditure Date																											
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																												
		i. Original Expenditure Amt																											
		\$																											
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose																										
			\$																										
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount																									
				\$																									
4. Total only this Page																													
5. Total of ALL CRO-1240 Pages																													
<i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>																													

Disbursements

Amendment

Pg _____ of _____

Yes

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT DAVID CONRAD					2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<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) AMAZON..COM SEATTLE, WA 113025			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 Sum to Date \$ 255.36
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CARD	O	12/10/2025	\$66.96	EVENT SUPPLIES
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CABARRUS COUNTY CLERK OF COURT 61 UNION ST S CONCORD, NC 28025			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 Sum to Date \$ 139.44
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	O	12/1/2025	\$139.44	CLERK FILING FE
				\$	
5. Total only this Page					\$ 206.40
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 605.64
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Amendment

Pg _____ of _____ Yes

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number
COMMITTEE TO ELECT DAVID CONRAD					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<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) AMAZON..COM SEATTLE, wa 113025			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 Sum to Date
					\$ 255.36
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CARD	O	11/4/2025	\$21.38	EVENT SUPPLIES
1	CARD	O	11/05/2025	\$36.32	EVENT SUPPLIES
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) AMAZON COM SEATTLE WA 113025			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 Sum to Date
					\$ 255.36
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CARD	O	11/10/2025	\$35.56	EVENT SUPPLIES
1	CARD	O	12/01/2025	\$95.14	EVENT SUPPLIES
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CITY OF CONCORD PO BOX CONCORD, NC 28027			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 Sum to Date
					\$ 210.84
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CARD	O	10/20/2025	\$210.84	EVENT RENTAL
				\$	
5. Total only this Page \$ 399.24					
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					