

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

Committee To Elect David Conrad

c. ID Number

b. Mailing Address (include City, State and Zip Code)

1389 LLOYD PLACE NW
CONCORD, NC 28027

d. Date Filed

1/23/2026

e. Phone Number

704-886-4942

2. Report Year

2025

3. Period Start Date (mm/dd/yy)

07/01/2025

4. Period End Date
(mm/dd/yy)

12/31/2025

5. Treasurer Full Name

KEITH LAIBSON

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report (check only one type of report from one category)

- | Municipal | State/County | Referendum |
|--|--|---|
| <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| <input type="checkbox"/> Final | <input checked="" type="checkbox"/> Year End | |
| <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | <input type="checkbox"/> Special | |

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

PINNACLE BANK

b. Purpose

CHECKING ACC
USED TO
RECEIVE
CAMPAIGN
CONTRIBUTION

c. Account Code

1

d. Period Begin Balance

\$ 1550

11. Account Information

a. Financial Institution Full Name

b. Purpose

RECEIVED
IN-PERSON
JAN 23 2026
CABARRUS COUNTY
BOARD OF ELECTIONS

c. Account Code

d. Period Begin Balance

\$

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

Date

FOR OFFICE USE ONLY

Date Received:

1-23-26

Employee:

WAN

Date Postmarked:

Date Scanned:

1-23-26

Employee:

WAN

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ 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		Total this Election Cycle	
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

_____ of _____

Amendment

☐ **Yes** ☐ **No**

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

[illegible]

Contributions from Individuals

Amendment

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)			b. Job Title/Profession		d. Comments	
CHRIS MEASMER PO BOX 8133 Concord, NC 28027			SENATOR			
			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					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CITY OF CONCORD 147 Academy Avenue NW CONCORD NC 28027			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date 10/20/2025
			i. Original Expenditure Amt \$ 210.84		
b. Job Title/Profession 		c. Employer's Name/Specific Field 		f. Purpose REFUND OF DEPOS	
j. Election Sum to Date \$ 100					
k. Account Code 1		l. Form of Payment CARD		n. Date (mm/dd/yyyy) 11/17/2025	
o. Amount \$ 100					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) 			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date
			i. Original Expenditure Amt \$		
b. Job Title/Profession 		c. Employer's Name/Specific Field 		f. Purpose 	
j. Election Sum to Date \$					
k. Account Code 		l. Form of Payment 		n. Date (mm/dd/yyyy) 	
o. Amount \$					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) 			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date
			i. Original Expenditure Amt \$		
b. Job Title/Profession 		c. Employer's Name/Specific Field 		f. Purpose 	
j. Election Sum to Date \$					
k. Account Code 		l. Form of Payment 		n. Date (mm/dd/yyyy) 	
o. Amount \$					
4. Total only this Page					\$ 100
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 100

Disbursements

Pg ____ of ____ Amendment ☐ 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:			
				\$ 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)		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:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
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:			
				\$ 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					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 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:			
				\$ 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:			
				\$ 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:			
				\$ 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>					\$ 605.64
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media E - Salaries I - Postage O* - Other		B* - Printing F* - Equipment J - Penalties		C* - Fundraising G - Political Party K* - Office Expenses	
				D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					