

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

JAN 09 2015 ~~JAN 09 2014~~

1. Committee Information	
a. Full Name	c. ID Number
JACK L. CONNER, CAMPAIGN	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
278 MORGAN AMMONS DR UNION MILLS, NC 28167	01/12/2015
	e. Phone Number
	429-0049

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	08/28/2014	01/12/2015	DEWEY HERMAN WEBB

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"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<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"/> Other:		<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 type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
NONE				

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BB&T			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0.0		\$

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.

DEWEY H. WEBB
 Printed Name of Signer

Dewey Webb
 Signature of Appointed Treasurer

01/12/2015
 Date

FOR OFFICE USE ONLY

Date Received: JAN 09 2015
 Date Postmarked: _____
 Date Scanned: _____
 Date Data Entered: _____

Employee: _____
 Employee: _____
 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.

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	
JACK L. CONNER, CAMPAIGN			
Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,228.09	\$ 2,228.09
RECEIPTS			
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>		\$ 60.00	\$ 60.00
6) Contributions from Individuals <i>(CRO-1210)</i>		\$ 670.00	\$ 670.00
7) Contributions from Political Party Committees <i>(CRO-1220)</i>		\$	\$
8) Contributions from Other Political Committees <i>(CRO-1230)</i>		\$	\$
9) Loan Proceeds <i>(CRO-1410)</i>		\$	\$
10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i>		\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts <i>(CRO-1250)</i>		\$	\$
11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i>		\$	\$
11c) Outside Sources of Income <i>(CRO-1250)</i>		\$	\$
11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i>		\$	\$
11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i>		\$	\$
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 730.00	\$ 730.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures <i>(CRO-1310)</i>		\$ 2,958.09	\$ 2,958.09
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>		\$	\$
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>		\$	\$
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>		\$	\$
15) Loan Repayments <i>(CRO-1420)</i>		\$	\$
16) Refunds/Reimbursements From the Committee <i>(CRO-1320)</i>		\$	\$
17) In-Kind Contributions <i>(CRO-1510)</i>		\$	\$
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 2,958.09	\$ 2,958.09
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 0.0	\$ 0.0
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>		\$	
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>		\$	
22) Debts and Obligations owed By the Committee <i>(CRO-1610)</i>		\$	
23) Debts and Obligations owed To the Committee <i>(CRO-1620)</i>		\$	
24) Account Transfers Within the Committee <i>(CRO-1720)</i>		\$	
25) Administrative Support <i>(CRO-1710)</i>		\$	\$
26) Forgiven Loans <i>(CRO-1440)</i>		\$	\$
27) 48-Hour Notice Reports Sum <i>(CRO-2200)</i>		\$	\$
28) Contributions to be Refunded <i>(CRO-1215)</i>		\$	\$

Contributions from Individuals

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	
JACK L. CONNER, CAMPAIGN						
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	
CHAD MCGILL 420 OSCAR JUSTICE RD RUTHERFORDTON, NC 28139 828-429-0921			SALES			
			c. Employer's Name/Specific Field OATS MOTOR CO.			
					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
<input type="checkbox"/>		CHECK		10/20/2014		\$ 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	
KEITH H. MELTON PO BOX 122 CAROLEEN, NC 28019 828-657-5587			RETIRED			
			c. Employer's Name/Specific Field STATE OF NC			
					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"/>		CHECK		10/22/2014		\$ 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	
CLAUDE L. STREET 601 BETHANY CHURCH RD FOREST CITY NC 28043 828-245-7719			SELF EMPLOYED			
			c. Employer's Name/Specific Field STREETS'S TIRE SERVICE			
					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"/>		CHECK		10/25/2014		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 500.00	

Contributions from Individuals

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	
JACK L. CONNER, CAMPAIGN						
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	
JOYCE WARD 1465 ROCK RD RUTHERFORDTON, NC 28138 828-287-5179			RETIRED			
			c. Employer's Name/Specific Field			
			TEXTILES			
					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"/>		CHECK		10/25/2014		\$ 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	
RALPH BURNETTE 532 PUZZLE CREEK RD BOSTIC, NC 28018 828-429-2154			RETIRED			
			c. Employer's Name/Specific Field			
			TRUCK DRIVER			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		CASH		10/25/2014		\$ 20.00
<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	
CARL RAMSEY, J. 228 ROLLINS ST. FOREST CITY, NC 28043 828-245-1175			MACHINE OPERATOR			
			c. Employer's Name/Specific Field			
			A. G. I.			
					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
<input type="checkbox"/>		CHECK		10/27/2014		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 170.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 670.00	

Disbursements

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) JACK L. CONNER, CAMPAIGN					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) KINGS COURT 151 CENTRAL ST, RUTHERFORDTON, NC 28139 828-447-0594			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
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		10/30/2014	\$500.00	CAMPAIGN PARTY
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE LITTLE CUBBARD 137 US 64 HWY RUTHERFORDTON, NC 28139 828-287-5821			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
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		11/03/2014	\$47.43	GAS
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHY W. CONNER 278 MORGAN-AMMONS DR UNION MILLS, NC 28167 828-748-7706			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
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		11/06/2014	\$600.00	PAY BACK WIFE
				\$	
5. Total only this Page					\$ 1,147.43
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>					\$ 2,958.09
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	

Disbursements

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) JACK L. CONNER, CAMPAIGN	2. ID Number
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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) ASSOCIATED PRINTING & SERVICES, INC. 905 N MAIN ST SPINDALE, NC 28160 286-9064	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 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		10/20/2014	\$509.20	POST CARDS
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
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a. Full Name, Mailing Address & Phone (include city, state, & zip) US POST OFFICE 130 E. COURT ST RUTHERFORDTON, NC 28139 828-287-3750	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 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		10/20/2014	\$690.13	POSTAGE
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
--	--

a. Full Name, Mailing Address & Phone (include city, state, & zip) INNOVATIVE CONCEPTS 226 SMITH GROVE RD FOREST CITY, NC 28043 828-248-1868	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 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		10/20/2014	\$123.83	PENS
				\$	

5. Total only this Page	\$ 1,323.16
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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>	\$ 1,323.16
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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			

Disbursements

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
JACK L. CONNER, CAMPAIGN					
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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
RUTHERFORD COUNTY SOCCER ASSOCIATION PO BOX 1996 RUTHERFORDTON, NC 28139					
			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
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		10/09/2014	\$200.00	2014 FALL SEASON
				\$	SPONSORSHIP
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
RUTHERFORD COUNTY PARTNERSHIP, INC. PO BOX 1525 RUTHERFORDTON, NC 28139 828-248-3431					
			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
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		10/27/2014	\$100.00	AD
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
THE DAILY COURIER 601 OAK ST FOREST CITY, NC 28043 828-245-6431					
			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
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK		10/27/2014	\$187.50	AD
				\$	
5. Total only this Page					\$ 487.50
6. Total of ALL CRO-1310 Pages					\$ 1,810.66
<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					



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

JAN 09 2015

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: JACK L. CONNER
 Treasurer Name: Dewey H. Webb
 Treasurer Address: 301 C. H. Hamrick Rd
 (include city, state, & zip) Forest City NC 28043

 Treasurer Phone: 245-6620

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

 Date Signed

Dewey Webb
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.