

Disclosure Report Cover

FEB 10 2014

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 <i>Janet L. Coover</i> | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) <i>278 Morgan Avenue Union Mills NC 28107</i> | d. Date Filed <i>2/10/14</i> |
| | e. Phone Number <i>425-0048</i> |

| | | | |
|--------------------------------------|---|---|---|
| 2. Report Year <i>2014</i> | 3. Period Start Date (mm/dd/yy) <i>2/10</i> | 4. Period End Date (mm/dd/yy) <i>2/10</i> | 5. Treasurer Full Name <i>Dewey H. Webb</i> |
|--------------------------------------|---|---|---|

| | | | | |
|--|---|--|--|---|
| 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 checked="" 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 | | <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 |
| 7. Type of Fund (if applicable, check one) | | Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Booster Fund | | <input type="checkbox"/> Mid Year | Semi-annual | |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |
| | | | | |

| | | | |
|---|------------------------------------|------------------------------------|------------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name <i>BIBT</i> | a. Financial Institution Full Name | a. Financial Institution Full Name | a. Financial Institution Full Name |
| b. Purpose <i>Campaign</i> | b. Purpose | b. Purpose | b. Purpose |
| c. Account Code | c. Account Code | c. Account Code | c. Account Code |
| d. Period Begin Balance \$ | d. Period Begin Balance \$ | d. Period Begin Balance \$ | 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.

Dewey H. Webb *Dewey H. Webb* *2/10/14*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: *2-10-14* Employee: *[Signature]* Delivery Method

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ 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 | |
|--|---|---|--|
| Jack L. Conner | Org. | | |
| Start of Election Cycle: January 1, <u>2014</u> | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ -0- | \$ -0- | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ | \$ | |
| 6) Contributions from Individuals (CRO-1210) | \$ 4500. ⁰⁰ / ₁₀₀ | \$ 4500. ⁰⁰ / ₁₀₀ | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ | \$ | |
| 9) Loan Proceeds (CRO-1410) | \$ | \$ | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | \$ | \$ | |
| 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) | \$ | \$ | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 4500. ⁰⁰ / ₁₀₀ | \$ | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 2328.76/ | \$ 2328.76/ | |
| 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) | \$ | \$ | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 2571.34 | \$ 2571.34 | |
| 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) | \$ | \$ | |

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 Li Corner | | | | | | |
| 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 | |
| Paul Robbins 1433 Bis Island Rd Rutherfordton, NC 28139 | | | Security Officer | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | Coopers | | \$ 1200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | check | | 1-23-14 | \$ | |
| <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 | |
| Roy Lane 246 Crutchfield Rd Union Mills NC 28167 | | | Logging Contractor | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | self employed | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | check | | 1-23-14 | \$ | |
| <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.W. Simmons 230 Robbins Dr Forest City NC 28043 | | | Artist | | | |
| | | | c. Employer's Name/Specific Field | | 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"/> | | check | | 1-23-14 | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 2700.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ | |

Contributions from Individuals

Amendment
 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 |
| JACK L LUNCER | | | | | | |
| 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 | |
| KOLEN BLACK 390 CATCHFIELD RD UNION MILLS, NC 28167 | | | | Retired | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | 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 | | 2/3/14 | \$ | |
| <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 | |
| MIKE SPINA 228 WESTERN MEADOWS UNION MILLS NC 28167 | | | | Retired | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | 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"/> | | | | 11/3/14 | \$ | |
| <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 | |
| TIM PARTON 441 LAWING MILL RD UNION MILLS NC 28167 | | | | Owner | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | 2/3/14 | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1200.00 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | \$ 3900.00 | |

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. Walker | | | | | | | |
| 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 | |
| Darrill Burnett 137 Williamsburg Dr. Spindale, NC 28160 | | | | Owner Tire Store | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 1000. ⁰⁰ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | | | | 11/23/14 | | \$ | |
| <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 | | | | | | \$ 1,000. ⁰⁰ | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | \$ 4900. 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) | | | | | | 2. ID Number | |
| Jack L. Warr | | | | | | | |
| 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 | |
| BIRT Rutherfordton, NC | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 23.46 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| | | | 1/23/14 | \$ 23.46 | Checks | | |
| | | | | \$ | | | |
| 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 | |
| Wooten Graphics Waco, NC | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 1500.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| | | | 1/24/14 | \$ 1500.00 | Signs | | |
| | | | | \$ | | | |
| 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 | |
| Board of Elections Spindale, NC | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 805.30 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| | | | 2/10/14 | \$ 805.30 | Filing Fee | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 2328.76 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 2328.76 | |
| <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) | | | | | | | |