

# 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.

RECEIVED  
 OCT 21 2018  
 MOORE BOE

<b>1. Committee Information</b>	
<b>a. Full Name</b> MIKE CONNOR FOR SHERIFF	<b>c. ID Number</b>
<b>b. Mailing Address (include City, State and Zip Code)</b> P O BOX 300 EAGLE SPRINGS, NC 27242	<b>d. Date Filed</b> 10/22/2018
	<b>e. Phone Number</b> (910) 638-3815

<b>2. Report Year</b> 2018	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/2018	<b>4. Period End Date (mm/dd/yy)</b> 10/20/2018	<b>5. Treasurer Full Name</b> MICHAEL CONNOR
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<b>6. Type of Committee (Check One)</b>	<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
	<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 type="checkbox"/> Year End	
	<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
		<input type="checkbox"/> Special	

<b>7. Type of Fund (if applicable check one)</b>		<b>10. Special Report Name</b>	
<input type="checkbox"/> "Booster Fund"			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Presidential Election Year Candidates Fund			
<input type="checkbox"/> NC Public Campaign Financing Fund			
<input checked="" type="checkbox"/> Other:			
<b>8. Number of Fundraisers this Report</b> 0			

<b>3. Account Information</b>		<b>3. Account Information</b>	
<b>a. Financial Institution Full Name</b> MIKE CONNOR FOR SHERIFF <i>First Bank</i>		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> CAMPAIGN OPERATING ACCOUNT	<b>c. Account Code</b> 1	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$		<b>d. Period Begin Balance</b> \$

**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

Michael D. Connor *Michael Connor* 10/22/2018  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: <u>10/31/18</u>	Employee: <u><i>AMC</i></u>	<b>Delivery Method</b> <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: <u>10/29/18</u>	Employee: <u><i>AMC</i></u>	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

**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	
MIKE CONNOR FOR SHERIFF	2018 Third Quarter		
Start of Election Cycle: January 1, <u>2018</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 264.66	\$ 40.66
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)		\$ 250.00	\$ 2,372.43
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
<b>11) Other Receipt Sources</b>			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 250.00	\$ 2,372.43
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
13a) Operating Expenditures (CRO-1310)		\$ 149.73	\$ 877.73
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 49.00	\$ 147.00
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 315.93	\$ 315.93
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 1,072.43
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 514.66	\$ 2,413.09
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00	\$ 0.00
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

**Contributions from Individuals**

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Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
MIKE CONNOR FOR SHERIFF						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
DAVID WILLIAMS 192 HUNTER TRAIL SOUTHERN PINES, NC 28387				RETIRE LAW ENFORCEMENT		
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
<b>f. Prior</b> <input type="checkbox"/>						
<b>g. Account Code</b>		<b>h. Form of Payment</b>		<b>i. In-Kind Description</b>		<b>k. Amount</b>
1		Check				\$ 250.00
						\$
						\$
<b>4. Total only this Page</b>					\$ 250.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 250.00	

**Disbursements**

Amendment

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 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
MIKE CONNOR FOR SHERIFF							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)</b>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
EAST COAST GRAPHICS 6321 ANDREW JACKSON HWY LAUREL HILL, NC 28351							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 74.73	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	0	07/03/2018	\$ 74.73	BANNER 4TH PARADE		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ABERDEEN PARKS AND RECREATION 115 N POPLAR STREET ABERDEEN, NC 28315							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	0	09/05/2018	\$ 75.00	FACILITY RENTAL (MEET CANDIDATE)		
				\$			
<b>5. Total only this Page</b>						\$ 149.73	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 149.73	
(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)							
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
<b>A* - Media</b>		<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>	
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>	
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		<b>Q* - Donation to Legal Expense Fund</b>	
<b>O* Other</b>							
* Codes require detailed explanation in required remarks field (k)							

### Aggregated Non-Media Expenditures

**Amendment**  
 Yes  No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
MIKE CONNOR FOR SHERIFF							
<b>3. Payee Information</b>							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	07/31/2018	\$ 8.00	SERVICE CHARGE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/31/2018	\$ 8.00	SERVICE CHARGE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/30/2018	\$ 8.00	SERVICE CHARGE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	07/02/2018	\$ 25.00	POST OFFICE BOX	
<b>4. Total only this Page</b>						\$ 49.00	
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						\$ 49.00	
<b>6. Purpose Codes (List detailed expenditure code in (g) above)</b>							
E - Salaries		B* - Printing		C* - Fundraising		D - To Another Candidate	
I - Postage		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
O* - Other		J - Penalties		K* - Office Expenses		Q* - Donations to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (g)							

**Refunds/Reimbursements From the Committee** Pg 1 of 1

Amendment  
 Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
MIKE CONNOR FOR SHERIFF					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
MICHAEL CONNOR 1499 MARTIN RD JACKSON SPRINGS, NC 27281 (910) 638-3815			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/12/2018
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	<b>k. Purpose Code</b>	<b>i. Original Receipt Amount</b>	
			L	\$ 800.00	
				<b>j. Election Sum to Date</b>	
				\$ 1,256.50	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
1	Check		09/30/2018	\$ 315.93	
<b>4. Total only this Page</b>				\$ 315.93	
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 315.93	
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kim		O* - Other			
* Codes require detailed explanation in required remarks field (m)					