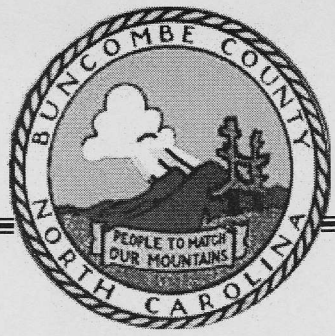


✓ 1/15/12



BUNCOMBE COUNTY

BOARD OF ELECTIONS

Jones P. Byrd, Chairman
Lucy Smith, Secretary
Bob Van Wagner, Member
Trena Parker, Director

P.O. Box 7468
Asheville, NC 28802
Telephone 828-250-4200
Fax 828-250-6262

RECEIPT OF CAMPAIGN REPORT

DATE 1/5/2012

Jon Orr Buncombe School (J.C.B.S.)
(FULL NAME OF CANDIDATE OR COMMITTEE)

Prof Conn
(OFFICE OF CANDIDATE OR PAC)

Robby Russell Title (CIRCLE ONE): TREASURER
(PERSON FILING REPORT)

(828) 232-3900 1 Haywood St. Asheville 28801
(PHONE NUMBER) (ADDRESS OF COMMITTEE)

REPORT

- | | |
|--|--|
| <input type="checkbox"/> 2011 ORGANIZATIONAL | <input type="checkbox"/> 1 ST QUARTER |
| <input type="checkbox"/> 2011 MID YEAR SEMI-ANNUAL | <input type="checkbox"/> 48 HOUR |
| <input type="checkbox"/> 35 DAY | <input type="checkbox"/> 2 ND QUARTER |
| <input type="checkbox"/> PRE-PRIMARY | <input type="checkbox"/> 2012 MID YEAR SEMI-ANNUAL |
| <input type="checkbox"/> PRE-ELECTION | <input type="checkbox"/> 3 RD QUARTER |
| <input type="checkbox"/> 2011 YEAR END SEMI-ANNUAL | <input type="checkbox"/> 48 HOUR |
| <input type="checkbox"/> 2012 MID YEAR SEMI-ANNUAL | <input type="checkbox"/> 4 TH QUARTER |
| <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> 2012 YEAR END SEMI-ANNUAL |
| | <input type="checkbox"/> FINAL |

RECEIVED BY: [Signature], BUNCOMBE COUNTY BOARD OF ELECTIONS

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	
Join Our Buncombe Solutions (J.O.B.S.)					45-2829969	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Russell Palmeri 338 Sleepy Gap Road Arden, NC 28704			Instructor			
			c. Employer's Name/Specific Field A.B Tech			
					e. Election Sum to Date	
					\$ 500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		10/26/2011	\$ 500	
<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	
Ken B. O'Connor 25 Chdwick wade Drive Asheville, NC 28804			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		10/21/2011	\$ 100	
<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	
Robert Bryant 133 Aayre Drive Princeton, NJ 0854			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Credit Card		11/4/2011	\$ 25	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 625	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 625	

Refunds/Reimbursements From the Committee

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Join Our buncombe Solutions (J.O. B. S.)	45-2829969

3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee		h. Original Receipt Date
Student Government Assoc of A.B. Tech 340 Victoria Road Asheville, NC 28801	<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		09/21/2011
	<input checked="" type="checkbox"/> Referendum <input type="checkbox"/> Party		
	e. Level Registered (Specify)		i. Original Receipt Amount
	<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 5,000
	<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
	f. Purpose Code		j. Election Sum to Date
	L		\$ 10,000
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check		11/2/2011	\$ 10,000

3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee		h. Original Receipt Date
Student government Assoc of A.B. Tech 340 Victoria Road Asheville, NC 28801	<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		09/21/2011
	<input checked="" type="checkbox"/> Referendum <input type="checkbox"/> Party		
	e. Level Registered (Specify)		i. Original Receipt Amount
	<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 5,000
	<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
	f. Purpose Code		j. Election Sum to Date
	L		\$ 10,000
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			\$

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee		h. Original Receipt Date
	<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
	<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
	e. Level Registered (Specify)		i. Original Receipt Amount
	<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
	<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
	f. Purpose Code		j. Election Sum to Date
			\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			\$

4. Total only this Page	\$ 10,000
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	\$ 10,000

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind O* Other

* Codes require detailed explanation in required remarks field (m)