

# Disclosure Report Cover

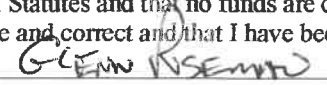
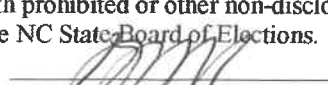
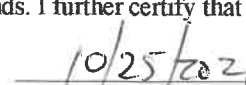

Amendment

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

|  |   |   |   |   |
|--|---|---|---|---|
| <b>1. Committee Information</b>  |   |   |   |   |
| <b>a. Full Name</b><br>THOMPSON FOR CONOVER COUNCIL  |   |   | <b>c. ID Number</b><br>CAT-D0869M-C-001   |   |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>4170 HOLLY CIRCLE NE<br>CONOVER, NC 28613  |   |   | <b>d. Date Filed</b><br>10/25/2021  |   |
|  |   |   | <b>e. Phone Number</b><br>828-228-2697  |   |
| <b>2. Report Year</b><br>2021  | <b>3. Period Start Date (mm/dd/yy)</b><br>09/22/2021                                | <b>4. Period End Date (mm/dd/yy)</b><br>10/18/2021  | <b>5. Treasurer Full Name</b><br>GLENN ROSEMAN  |   |
| <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<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser  |   | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input checked="" type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><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"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:   |   |   |   |   |
| <b>8. Number of Fundraisers this Report</b><br>0   |   |   |   |   |
| <b>11. Account Information</b>   |   | <b>11. Account Information</b>  |   |   |
| <b>a. Financial Institution Full Name</b><br>RICHARD THOMPSON CAMPAIGN ACCT  |   | <b>a. Financial Institution Full Name</b>   |   |   |
| <b>b. Purpose</b><br>CAMPAIGN ACTIVITIES   | <b>c. Account Code</b><br>BR549   | <b>b. Purpose</b>   | <b>c. Account Code</b>  |   |
|  | <b>d. Period Begin Balance</b><br>\$ 737.56   |   | <b>d. Period Begin Balance</b><br>\$  |   |
| <b>CERTIFICATION</b>   |   |   |   |   |
| 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. |   |   |   |   |
| <br>Printed Name of Signer  |   | <br>Signature of Appointed Treasurer  |   | <br>Date |
| <b>FOR OFFICE USE ONLY</b>   |   |   |   |   |
| Date Received:   |  | Employee:   | <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training |   |
| Date Postmarked:   |   | Employee:   |   |   |
| Date Scanned:  |   | Employee:   |   |   |
| Date Data Entered:   |   | Employee:   |   |   |
| <b>Please Note:</b> 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                       |                                  |
|--|------------------------|------------------------------------|----------------------------------|
| THOMPSON FOR CONOVER COUNCIL   | 2021 PRE-ELECTION      | CAT-D0869M-C-001                   |                                  |
| <b>Start of Election Cycle:</b>  | <b>January 1, 2021</b> | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |
| 4) Cash on Hand at Start   |                        | \$ 737.56                          | \$ 737.56                        |
| <b>RECEIPTS</b>  |                        |                                    |                                  |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205)             | \$                                 | \$                               |
| 6) Contributions from Individuals  | (CRO-1210)             | \$ 1,475.00                        | \$ 1,475.00                      |
| 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)             | \$                                 | \$                               |
| 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) |                        | \$ 2,212.56                        | \$ 2,212.56                      |
| <b>EXPENDITURES</b>  |                        |                                    |                                  |
| 13) Disbursements  |                        |                                    |                                  |
| 13a) Operating Expenditures  | (CRO-1310)             | \$                                 | \$                               |
| 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) |                        | \$ 2,212.56                        | \$ 2,212.56                      |
| <b>ADDITIONAL INFORMATION</b>  |                        |                                    |                                  |
| 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

Amendment  Yes  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>            |                  |
| THOMPSON FOR CONOVER COUNCIL  |                        |                           |   |                             | CAT-D0869M-C-001               |                  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove       |                        |                           |   |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                                  |                             | <b>d. Comments</b>             |                  |
| DON BEAL<br>1113 3 <sup>RD</sup> AVE NW<br>CONOVER, NC 28613  |                        |                           | BUSINESS OWNER  |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>THE HAIR CONNECTION |                             |                                |                  |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |   |                             | \$ 50.00                       |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                   | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input checked="" type="checkbox"/>   | BR549                  | CASH                      |   | 9/22/2021                   |                                | \$ 50.00         |
| <input type="checkbox"/>  |                        |                           |   |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |   |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove       |                        |                           |   |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                                  |                             | <b>d. Comments</b>             |                  |
| MICHAEL STARNES<br>1724 HWY 16 N<br>CONOVER, NC 28613   |                        |                           | FARMER  |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>SELF-EMPLOYED       |                             |                                |                  |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |   |                             | \$ 100.00                      |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                   | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input checked="" type="checkbox"/>   | BR549                  | CHECK                     |   | 09/22/2021                  |                                | \$ 100.00        |
| <input type="checkbox"/>  |                        |                           |   |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |   |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove       |                        |                           |   |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>                                  |                             | <b>d. Comments</b>             |                  |
| CAROL PRESTON<br>1013 3 <sup>RD</sup> AVE NW<br>CONOVER, NC 28613   |                        |                           | BUSINESS OWNER  |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>SIGNS R US          |                             |                                |                  |
|   |                        |                           |   |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |   |                             | \$ 200.00                      |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                   | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input checked="" type="checkbox"/>   | BR549                  | CHECK                     |   | 09/22/2021                  |                                | \$ 100.00        |
| <input type="checkbox"/>  |                        |                           |   |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |   |                             |                                | \$               |
| <b>4. Total only this Page</b>  |                        |                           |   |                             | \$ 250.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |   |                             | \$ 1,475.00                    |                  |

# Contributions from Individuals

Pg 2 of 3

Amendment  
 Yes  
 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>            |                  |
| THOMPSON FOR CONOVER COUNCIL  |                        |                           |  |                             | CAT-D0869M-C-001               |                  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove       |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| DIANE HUFFMAN<br>1112 SPRUCEWOOD LANE<br>NEWTON, NC 28658   |                        |                           | NO PROFESSION                            |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           | NOT EMPLOYED                             |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$ 50.00                       |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input checked="" type="checkbox"/>   | BR549                  | CASH                      |  | 9/22/2021                   |                                | \$ 50.00         |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove       |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| RICK FOSTER<br>P.O. BOX 57<br>HICKORY, NC 28603   |                        |                           | BUSINESS OWNER                           |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           | CENTURY SERVICES                         |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$ 700.00                      |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input checked="" type="checkbox"/>   | BR549                  | CHECK                     |  | 10/07/2021                  |                                | \$ 200.00        |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove       |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| WILLIAM WIGGS<br>P.O. BOX 1106<br>HICKORY, NC 28603   |                        |                           | NO PROFESSION                            |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           | NOT EMPLOYED                             |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$ 75.00                       |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input checked="" type="checkbox"/>   | BR549                  | CHECK                     |  | 10/06/2021                  |                                | \$ 75.00         |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 325.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |  |                             | \$ 1,475.00                    |                  |

# 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

|   |                        |                           |  |                             |                                |                  |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |  |                             | <b>2. ID Number</b>            |                  |
| THOMPSON FOR CONOVER COUNCIL  |                        |                           |  |                             | CAT-D0869M-C-001               |                  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           | <b>b. Job Title/Profession</b>                                     |                             | <b>d. Comments</b>             |                  |
| JAMES NEILL<br>221 43 <sup>RD</sup> AVE DR NW<br>HICKORY, NC 28601  |                        |                           | GRADING  |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>NEILL CONSTRUCTION     |                             |                                |                  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$ 200.00                      |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                      | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input checked="" type="checkbox"/>   | BR549                  | CHECK                     |  | 9/29/2021                   |                                | \$ 200.00        |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           | <b>b. Job Title/Profession</b>                                     |                             | <b>d. Comments</b>             |                  |
| RICK FOSTER<br>P.O. BOX 57<br>HICKORY, NC 28603   |                        |                           | BUSINESS OWNER   |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>CENTURY SERVICES       |                             |                                |                  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$ 700.00                      |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                      | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input checked="" type="checkbox"/>   | BR549                  | CHECK                     |  | 10/07/2021                  |                                | \$ 200.00        |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           | <b>b. Job Title/Profession</b>                                     |                             | <b>d. Comments</b>             |                  |
| RICHARD TUCKER<br>1336 6 <sup>TH</sup> ST NW<br>HICKORY, NC 28601   |                        |                           | BUSINESS OWNER   |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b><br>COMMERCIAL FABRICATORS |                             |                                |                  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$ 500.00                      |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                                      | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input checked="" type="checkbox"/>   | BR549                  | CHECK                     |  | 09/25/2021                  |                                | \$ 500.00        |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 900.00                      |                  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |  |                             | \$ 1,475.00                    |                  |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>                                    |                        |                           |  |                             |                                |                  |