

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

J O N N O R S F O R N C - 1 1

ADDRESS (number and street)

6 0 C L I N T O N A V E

☐

(Check if address
is changed)

A S H E V I L L E

CITY ▲

N C

STATE ▲

2 8 8 0 6

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

S U P P O R T @ C O N N O R S F O R C O N G R E S S . C O M

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

C O N N O R S F O R C O N G R E S S . C O M

2. DATE

1 0

2 5

2 0 2 5

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JONATHAN R CONNORS

Signature of Treasurer

JRC

Date

1 0

2 5

2 0 2 5

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

J O N A T H A N R C O N N O R S

Candidate
Party Affiliation

L I B

Office
Sought:☒

House

☐

Senate

☐

President

State

N C

District

1 1

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐

In addition, this committee is a Lobbyist/Registrant PAC.

☐

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

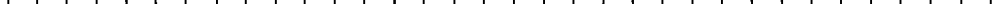
Committees Participating in Joint Fundraiser

1. 2. C C

2025 RELEASE UNDER E.O. 14176

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

**Mailing Address**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

J O N A T H A N R C O N N O R S

Mailing Address

6.0 CLINTON AVE

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

A S H E V I L L E N C 28806-

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[illegible]

Telephone number

$$\boxed{3} \boxed{4} \boxed{7} - \boxed{4} \boxed{6} \boxed{0} - \boxed{8} \boxed{8} \boxed{5} \boxed{6}$$

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

of Treasurer

J O N A T H A N R C O N N O R S

Mailing Address

60 CLINTON AVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

| A | S | H | E | V | I | L | L | E | | | | | | | | | | | N | C | | 2 | 8 | 8 | 0 | 6 | - | . | | | |

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[illegible]

Telephone number

$$\begin{array}{|c|c|c|} \hline 3 & 4 & 7 \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline 4 & 6 & 0 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 8 & 8 & 5 & 6 \\ \hline \end{array}$$

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

NON-FEDERAL CAMPAIGN

1. _____

2. _____

3. _____

4. _____

C

C _____

C

C _____

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

ZIP CODE ▲

Connected Organization

Affiliated Committee

1

Joint Fundraising Representative

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address |

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number | | | - | | | - | | |

Telephone Number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,
Depository, etc.

TR 415T

Mailing Address

1343 PARKWOOD AVE

A S H E V I L L E N C 28806-

CITY ▲

STATE ▲

ZIP CODE ▲

J. CURRIS

60 CLINTON AVE

ASHEVILLE, NC 28806

9589 0710 5270 2327 4479 61



FEDERAL ELECTION COMMISSION

1060 FIRST ST, NE

WASHINGTON, DC 20543

Retail



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20463

\$6.08

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Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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|---|---|
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| <input type="checkbox"/> Postmark Illegible | |
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| <input type="checkbox"/> Received via Email | Date of Receipt |
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| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|  PREPARER | 12/1/25 DATE PREPARED |

(4/2023)

UNCLASSIFIED//NO FORN DISSEM