

# 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>									
a. Full Name Friends Of Jill		<b>REPORT FILED ELECTRONICALLY SEE STATE WEBSITE FOR COMPLETE REPORT WWW.NCSBE.GOV</b>		c. ID Number 0CQ0YY					
b. Mailing Address (include City, State and Zip Code) 6255 Towncenter Drive, Suite 30 Clemmons, NC 27012				d. Date Filed 01/24/2026					
				e. Phone Number (336) 978-1419					
2. Report Year 2025	3. Period Start Date (mm/dd/yy) 11/03/2025	10/24/25	4. Period End Date (mm/dd/yy) 12/31/2025	5. Treasurer Full Name John Joseph Muster					
<b>6. Type of Committee (Check One)</b>									
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>									
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other									
<b>8. Number of Fundraisers this Report</b> 1									
<b>11. Account Information</b>						<b>11. Account Information</b>			
a. Financial Institution Full Name Wells Fargo						a. Financial Institution Full Name			
b. Purpose For All Campaign Expenses		c. Account Code A1		b. Purpose		c. Account Code			
d. Period Begin Balance \$0						d. Period Begin Balance \$			
<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.									
<u>John Joseph Muster</u> <small>Printed Name of Signer</small>						<u>John Joseph Muster</u> <small>Signature of Appointed Treasurer</small>		<u>01/23/26</u> <small>Date</small>	
<b>FOR OFFICE USE ONLY</b>									
Date Received:		Employee:		<b>Delivery Method</b>					
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed					
Date Scanned:		Employee:							
Date Data Entered:		Employee:							
						<b>RECEIVED</b> <input type="checkbox"/> Signer has not received mandatory training			
<small>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.</small>						<small>Forsyth Co Board of Elections</small>			
<small>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</small>									