

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.

1. Committee Information									
a. Full Name Friends Of Jill		REPORT FILED ELECTRONICALLY SEE STATE WEBSITE FOR COMPLETE REPORT WWW.NCSBE.GOV							
b. Mailing Address (include City, State and Zip Code) 6255 Towncenter Drive, Suite 30 Clemmons, NC 27012		c. ID Number 0CQ0YY	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 <u>10/24/25</u>	4. Period End Date (mm/dd/yy) 12/31/2025	5. Treasurer Full Name John Joseph Muster						
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)							
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <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 </td> <td> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <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 </td> </tr> </table>		Municipal	State/County	Referendum	<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	<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<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
Municipal	State/County	Referendum							
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7. Type of Fund (if applicable, check one)		10. Special Report Name							
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other									
8. Number of Fundraisers this Report 1									
11. Account Information		11. Account Information							
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 \$						
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 of Elections.									
<u>John Joseph Muster</u> Printed Name of Signer		<u>John Joseph Muster</u> Signature of Appointed Treasurer							
		<u>01/23/26</u> Date							
FOR OFFICE USE ONLY									
Date Received: _____	Employee: _____	<u>Delivery Method</u>							
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail							
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail							
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered							
		<input type="checkbox"/> Electronically Filed							
		<input type="checkbox"/> Signer has not received mandatory training							
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.									

RECEIVED
JAN 29 2026

Forsyth Co Board of Elections