Amendment
☐ Yes ☒ No

Disclosure Report Cover

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.

REPORT FILED ELECTRONICALLY SEE STATE WEBSITE FOR COMPLETE REPORT WWW.NCSBE.GOV

1. Committee Information

a. Full Name FRIENDS OF JILL	**c. ID Number** 0CQ0YY
b. Mailing Address (include City, State and Zip Code) 6255 TOWNCENTER DRIVE, SUITE 30 CLEMMONS, NC 27012	**d. Date Filed** 02/23/2026
	e. Phone Number (336) 978-1419

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2026	01/01/2026	02/14/2026	JOHN JOSEPH MUSTER

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other

8. Number of Fundraisers this Report

1

9. Type of Report *(check only one type of report from one category)*

Municipal
- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☐ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

State/County
- ☐ Organizational
- Quarterly
  - ☒ First
  - ☐ Second
  - ☐ Third
  - ☐ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

Referendum
- ☐ ORGANIZATIONAL

10. Special Report Name
REFERENDUM
- ☐ FINAL
- ☐ SUPPLEMENTAL FINAL
- ☐ ANNUAL
- ☐ SPECIAL

11. Account Information

a. Financial Institution Full Name		
WELLS FARGO		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
FOR ALL CAMPAIGN EXPENSES	A1	$3,558.90

11. Account Information

a. Financial Institution Full Name		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
		$

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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.

JOHN JOSEPH MUSTER — Printed Name of Signer

[signature] — Signature of Appointed Treasurer

2/23/26 — Date

FOR OFFICE USE ONLY

Date Received:	____	Employee:	____
Date Postmarked:	____	Employee:	____
Date Scanned:	____	Employee:	____
Date Data Entered:	____	Employee:	____

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed
- ☐ 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.

Mr. and Mrs. J. Joe Muster
4525 Carriagebrook Ct
Clemmons, NC 27012-7512

GREENSBORO NC 270
PIEDMONT TRIAD AREA
26 FEB 2026 PM 5 L

TRICIA STARKEY
FORSYTH COUNTY BOARD OF ELECTIONS
201 N. CHESTNUT STREET
WINSTON-SALEM, NC 27101

27101-412001

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