

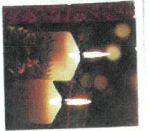
Disclosure Report Cover

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		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 2026	3. Period Start Date (mm/dd/yy) 01/01/2026	4. Period End Date (mm/dd/yy) 02/14/2026	5. Treasurer Full Name JOHN JOSEPH MUSTER																		
6. Type of Committee (Check One) ☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		9. Type of Report (check only one type of report from one category) <table border="1"><tr><td>Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special</td><td>State/County ☐ Organizational ☐ Quarterly ☒ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special</td><td>Referendum ☐ ORGANIZATIONAL 10. Special Report Name ☐ FINAL ☐ SUPPLEMENTAL FINAL ☐ ANNUAL ☐ SPECIAL</td></tr></table>		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 ☐ FINAL ☐ SUPPLEMENTAL FINAL ☐ ANNUAL ☐ SPECIAL															
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7. Type of Fund (if applicable, check one) ☐ Booster Fund ☐ Building Fund ☐ Other																					
8. Number of Fundraisers this Report 1																					
11. Account Information a. Financial Institution Full Name WELLS FARGO		11. Account Information a. Financial Institution Full Name WELLS FARGO																			
b. Purpose FOR ALL CAMPAIGN EXPENSES		b. Purpose FOR ALL CAMPAIGN EXPENSES																			
c. Account Code A1		c. Account Code A1																			
d. Period Begin Balance \$3,558.90		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. <table border="0"><tr><td><u>John Joseph Muster</u> Printed Name of Signer</td><td><u>John Joseph Muster</u> Signature of Appointed Treasurer</td><td><u>2/23/26</u> Date</td></tr></table>				<u>John Joseph Muster</u> Printed Name of Signer	<u>John Joseph Muster</u> Signature of Appointed Treasurer	<u>2/23/26</u> Date															
<u>John Joseph Muster</u> Printed Name of Signer	<u>John Joseph Muster</u> Signature of Appointed Treasurer	<u>2/23/26</u> Date																			
FOR OFFICE USE ONLY <table border="0"><tr><td>Date Received: _____</td><td>Employee: _____</td><td>Delivery Method</td></tr><tr><td>Date Postmarked: _____</td><td>Employee: _____</td><td>☐ Normal Mail</td></tr><tr><td>Date Scanned: _____</td><td>Employee: _____</td><td>☐ Registered Mail</td></tr><tr><td>Date Data Entered: _____</td><td>Employee: _____</td><td>☐ Hand Delivered</td></tr><tr><td></td><td></td><td>☐ Electronically Filed</td></tr><tr><td></td><td></td><td>☐ Signer has not received mandatory training</td></tr></table>				Date Received: _____	Employee: _____	Delivery Method	Date Postmarked: _____	Employee: _____	☐ Normal Mail	Date Scanned: _____	Employee: _____	☐ Registered Mail	Date Data Entered: _____	Employee: _____	☐ Hand Delivered			☐ Electronically Filed			☐ Signer has not received mandatory training
Date Received: _____	Employee: _____	Delivery Method																			
Date Postmarked: _____	Employee: _____	☐ Normal Mail																			
Date Scanned: _____	Employee: _____	☐ Registered Mail																			
Date Data Entered: _____	Employee: _____	☐ 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

2010 MAR -3 AM 10:06

RECEIVED

GREENSBORO NC 270
PIEDMONT TRIAD AREA
26 FEB 2026 PM 5 1



TRICIA STARKY
Forsyth County Board of Elections
201 N. Chestnut Street
Winston-Salem, NC 27101

27101-412001

NO POSTAGE
NECESSARY
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