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	c. ID Number
Friends Of Jill	0CQ0YY
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
6255 Towncenter Drive, Suite 30 Clemmons, NC 27012	07/09/2026
	e. Phone Number
	(336) 978-1419

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

2. Report Year	3. Period Start Date *(mm/dd/yy)*	4. Period End Date *(mm/dd/yy)*	5. Treasurer Full Name
2026	02/15/2026	06/30/2026	John Joseph Muster

6. Type of Committee *(Check One)*

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

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

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

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

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	*Quarterly*	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☒ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	*Semi-annual*	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
Wells Fargo	For All Campaign Expenses	A1	$138.69

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	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.

JOHN Joseph Muster — *Printed Name of Signer*

John Joseph Muster — *Signature of Appointed Treasurer*

07/09/26 — *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.

Joe Muster
4525 Carriagebrook Ct
Clemmons, NC 27012-7512

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

FORSYTH COUNTY
2023 JUL 14 P 2:14