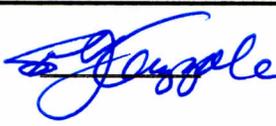


Disclosure Report Cover

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 for Jerry Monette		5CD60C	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
4250 Wilcox Road New Bern, NC 28562		01-12-2015	
		e. Phone Number	
		252-638-1817	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	10-19-2014	12-31-2014	Jerry G. Monette
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	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name	
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Branch Bank & Trust		Branch Bank & Trust	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Checking Account	1	Campaign Credit Card	2
	d. Period Begin Balance		d. Period Begin Balance
	\$ 759.22		\$ 0.00
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.			
Jerry G. Monette			01-12-2015
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	<u>1/13/15</u>	Employee:	
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			Delivery Method
			<input type="checkbox"/> Normal Mail
			<input type="checkbox"/> Registered Mail
			<input checked="" type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> Signer has not received mandatory training
<p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>			

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Friends for Jerry Monette		4 th Quarter		5CD60C	
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 759.22		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$ 125.00 \$ 3045.00	
6) Contributions from Individuals		(CRO-1210)		\$ 1200.00 \$ 14009.16	
7) Contributions from Political Party Committees		(CRO-1220)		\$ \$	
8) Contributions from Other Political Committees		(CRO-1230)		\$ \$	
9) Loan Proceeds		(CRO-1410)		\$ \$	
10) Refunds/Reimbursements To the Committee		(CRO-1240)		\$ \$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)		\$ \$	
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)		\$ \$	
11c) Outside Sources of Income		(CRO-1250)		\$ \$	
11d) Legal Expense Fund – Other Sources		(CRO-1270)		\$ \$	
11 e) Exempt Purchase Price Sales		(CRO-1265)		\$ \$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1325.00		\$ 17054.16	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 1746.20 \$ 15391.08	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$ \$	
13c) Coordinated Party Expenditures		(CRO-1310)		\$ \$	
14) Aggregated Non-Media Expenditures		(CRO-1315)		\$ 314.30 \$ 905.85	
15) Loan Repayments		(CRO-1420)		\$ \$	
16) Refunds/Reimbursements From the Committee		(CRO-1320)		\$ \$	
17) In-Kind Contributions		(CRO-1510)		\$ \$ 534.16	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2060.50		\$ 17030.44	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 23.72		\$ 23.72	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)		\$ \$	
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)		\$ \$	
22) Debts and Obligations owed By the Committee		(CRO-1610)		\$ \$	
23) Debts and Obligations owed To the Committee		(CRO-1620)		\$ \$	
24) Account Transfers Within the Committee		(CRO-1720)		\$ \$	
25) Administrative Support		(CRO-1710)		\$ \$	
26) Forgiven Loans		(CRO-1440)		\$ \$	
27) 48-Hour Notice Reports Sum		(CRO-2200)		\$ \$	
28) Contributions to be Refunded		(CRO-1215)		\$ \$	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Friends for Jerry Monette					5CD60C	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
George L. Deichman III P.O. Box 1310 New Bern, NC 28563			Owner Auto Sales			
			c. Employer's Name/Specific Field			
			Trent Olds Auto Sales			
					e. Election Sum to Date	
					\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		11-06-2014		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
James A. Stocks III 1014 Tarford Place Knightdale, NC 27545			Retired/ Communications			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		11-25-2014		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jerry G. Monette 4250 Wilcox Road New Bern, NC 28562			Sheriff Law Enforcement			
			c. Employer's Name/Specific Field			
			Craven County Sheriff's Office			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Check		11-29-2014		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1200.00	
5. Total of ALL CRO-1210 Pages					\$ 1200.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number
Friends for Jerry Monette					5CD60C
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
The Shopper P.O. Box 13948 New Bern, NC 28561					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 753.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A*	10-21-2014	\$753.05	Political Ads
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Sun Journal P.O. Box 13948 New Bern, NC 28561					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2592.46	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A*	10-30-2014	\$839.40	Political Ads
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Applebees 3450 Martin Luther King Blvd. New Bern, NC 28561					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 323.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O*	11-04-2014	\$153.75	Election Meals
				\$	
5. Total only this Page					\$ 1746.20
6. Total of ALL CRO-1310 Pages					\$ 1746.20
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

