

# Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment  
 Y  N  
**COPY**

1. Committee Information		
<b>a. Full Name</b>		<b>c. ID Number</b>
Friends for Jerry Monette		5CD60C
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Date Organized</b>
P.O. Box 3011 New Bern, N.C. 28564		2/10/2014
		<b>e. Phone Number</b>
		252-638-1817

FEB 10 2014

2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee
<b>a. Full Name</b>	<b>e. Candidate ID Number</b>	<b>f. Party Affiliation</b>	
Jerry Glenn Monette		Democrat	
<b>b. Mailing Address (include City, State, and Zip Code)</b>		<b>g. Office Sought</b>	
P.O. Box 3011 New Bern, N.C. 28564		Craven County Sheriff	
<b>c. Phone Number</b>	<b>d. Email Address</b>	<b>h. Next Election Year</b>	<b>i. Jurisdiction</b>
252-638-1817	monettejerry@yahoo.com		
<input type="checkbox"/> Email copy of notices			

3. Treasurer Information		4. Custodian of Books Information	
<b>a. Full Name</b>		<b>a. Full Name</b>	
Jerry Glenn Monette		Jerry Glenn Monette	
<b>b. Mailing Address (include City, State, and Zip Code)</b>		<b>b. Mailing Address (include City, State, and Zip Code)</b>	
P.O.Box 3011 New Bern, N.C. 28564		P.O. Box 3011 New Bern, N.C. 28564	
<b>c. Phone Number</b>	<b>d. Email Address</b>	<b>c. Phone Number</b>	<b>d. Email Address</b>
252-638-1817	monettejerry@yahoo.com	252-638-1817	monettejerry@yahoo.com

<b>I prefer to receive notices by email</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
<b>a. Full Name</b>	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<b>a. Financial Institution Full Name</b>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		Branch Bank & Trust	
<b>b. Mailing Address (include City, State, and Zip Code)</b>		<b>b. Purpose</b>	
		Campaign Account	
<b>c. Phone Number</b>	<b>d. Email Address</b>	<b>c. Account Code</b>	<b>d. Type</b>
		1	Checking
<input type="checkbox"/> Email copy of notices			

**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.

Jerry Glenn Monette		2/10/2014
Printed Name of Signer	Signature of Appointed Treasurer	Date

# Disclosure Report Cover

Amendment  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other related forms.  
 Do not use this form to update information

# COPY

<b>1. Committee Information</b>	
a. Full Name Friends for Jerry Monette	c. ID Number 5CD60C
b. Mailing Address (include City, State and Zip Code) 4250 Wilcox Road New Bern, N.C. 28562	d. Date Filed 02-10-2014
<b>FEB 10 2014</b>	
e. Phone Number 252-638-1817	

<b>2. Report Year</b> 2014	<b>3. Period Start Date (mm/dd/yy)</b> 02-10-2014	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b> Jerry Glenn Monette
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" 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
<b>7. Type of Fund (if applicable, check one)</b>		<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 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
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name Branch Bank & Trust		a. Financial Institution Full Name Branch Bank & Trust	
b. Purpose Campaign Checking Account	c. Account Code 1	b. Purpose Campaign Credit Card	c. Account Code 2
d. Period Begin Balance \$ 1300.00		d. Period Begin Balance \$ 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 Glenn Monette  
 Printed Name of Signer

*Jerry G. Monette*  
 Signature of Appointed Treasurer

02-10-2014  
 Date

**FOR OFFICE USE ONLY**

Date Received: 2/10/14 Employee: LL

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.

# Detailed Summary

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

Amendment

Yes

No

**COPY**

<b>1. Committee Full Name (and Fund if applicable)</b> Friends for Jerry Monette		<b>2. Type of Report</b> Organizational		<b>3. ID Number</b> 2014	
<b>Start of Election Cycle:</b> January 1, 2014		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 0.00		\$	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals (CRO-1205)</b>		\$		\$	
<b>6) Contributions from Individuals (CRO-1210)</b>		\$ 1300.00 ✓		\$	
<b>7) Contributions from Political Party Committees (CRO-1220)</b>		\$		\$	
<b>8) Contributions from Other Political Committees (CRO-1230)</b>		\$		\$	
<b>9) Loan Proceeds (CRO-1410)</b>		\$		\$	
<b>10) Refunds/Reimbursements To the Committee (CRO-1240)</b>		\$		\$	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts (CRO-1250)</b>		\$		\$	
<b>11b) Contributions from Not-for-Profit Organizations (CRO-1250)</b>		\$		\$	
<b>11c) Outside Sources of Income (CRO-1250)</b>		\$		\$	
<b>11d) Legal Expense Fund – Other Sources (CRO-1270)</b>		\$		\$	
<b>11 e) Exempt Purchase Price Sales (CRO-1265)</b>		\$		\$	
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</b>		\$ 1300.00 ✓		\$	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures (CRO-1310)</b>		\$		\$	
<b>13b) Contributions to Candidates/Political Committees (CRO-1310)</b>		\$		\$	
<b>13c) Coordinated Party Expenditures (CRO-1310)</b>		\$		\$	
<b>14) Aggregated Non-Media Expenditures (CRO-1315)</b>		\$		\$	
<b>15) Loan Repayments (CRO-1420)</b>		\$		\$	
<b>16) Refunds/Reimbursements From the Committee (CRO-1320)</b>		\$		\$	
<b>17) In-Kind Contributions (CRO-1510)</b>		\$		\$	
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 0.00		\$	
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 1300.00 ✓		\$	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees (CRO-1330)</b>		\$		\$	
<b>21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)</b>		\$		\$	
<b>22) Debts and Obligations owed By the Committee (CRO-1610)</b>		\$		\$	
<b>23) Debts and Obligations owed To the Committee (CRO-1620)</b>		\$		\$	
<b>24) Account Transfers Within the Committee (CRO-1720)</b>		\$		\$	
<b>25) Administrative Support (CRO-1710)</b>		\$		\$	
<b>26) Forgiven Loans (CRO-1440)</b>		\$		\$	
<b>27) 48-Hour Notice Reports Sum (CRO-2200)</b>		\$		\$	
<b>28) Contributions to be Refunded (CRO-1215)</b>		\$		\$	

# Contributions from Individuals

Amendment  es  N

# COPY

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

<b>1. Committee Full Name (and Fund if applicable)</b>						
Friends for Jerry Monette						5CD60C
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Joseph W. Heckman 103 Lilliana Court New Bern, N.C. 28562 ✓			Inv. Division Captain ✓		FEB 10 2014	
			<b>c. Employer's Name/Specific Field</b>			
			Craven Sheriff's Office Law Enforcement ✓		<b>e. Election Sum to Date</b>	
					\$ 1000.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		01/31/2014	\$ 1000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Carolyn S. Morris 1015 Piney Neck Road Vanceboro, N.C. 28586			(circled)			
			<b>c. Employer's Name/Specific Field</b>			
			Retired (circled)		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		01/31/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Marian D. Ballenger 714 Otrento Road Trenton, N.C. 28585-6336 ✓			Office Manager ✓			
			<b>c. Employer's Name/Specific Field</b>			
			Dr. C.E. Ballenger Medical ✓		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		01/31/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 1200.00 ✓	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ (circled)	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

# Contributions from Individuals

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

**COPY**

<b>1. Committee Full Name (and Fund if applicable)</b>	
Friends for Jerry Monette	5CD 60C

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
Stacey A. Griffith 3004 Neuse River Drive ✓ New Bern, N.C. 28560-6739	Retired	FEB 10 2014
<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
		\$    100.00

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		01/31/2014	\$    100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$    100.00 ✓
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$    1300.00 ✓