

# 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

<b>1. Committee Information</b>	
<b>a. Full Name</b> Friends for Jerry Monette	<b>c. ID Number</b> 5CD60C
<b>b. Mailing Address (include City, State and Zip Code)</b> 4250 Wilcox Road New Bern, NC 28562	<b>d. Date Filed</b> 06-25-2014
	<b>e. Phone Number</b> 252-638-1817

JUN 26 2014

<b>2. Report Year</b> 2014	<b>3. Period Start Date (mm/dd/yy)</b> 01-31-2014	<b>4. Period End Date (mm/dd/yy)</b> 02-09-2014	<b>5. Treasurer Full Name</b> Jerry Glenn Monette
-------------------------------	--	--	--

<b>6. Type of Committee (Check One)</b>	<b>9. Type of Report</b> <i>(check only one type of report from one category)</i>		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
<b>7. Type of Fund</b> <i>(if applicable, check one)</i>	<b>10. Special Report Name</b>		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
<b>8. Number of Fundraisers this Report</b>			

<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b> Branch Bank & Trust		<b>a. Financial Institution Full Name</b> Branch Bank & Trust	
<b>b. Purpose</b> Campaign Checking Account	<b>c. Account Code</b> 1	<b>b. Purpose</b> Campaign Credit Card	<b>c. Account Code</b> 2
	<b>d. Period Begin Balance</b> \$ 0.00		<b>d. Period Begin Balance</b> \$ 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 Glenn Monette*  
 Signature of Appointed Treasurer

\_\_\_\_\_  
 06-25-2014  
 Date

<b>FOR OFFICE USE ONLY</b>			
Date Received:	<u>6/26/14</u>	Employee:	<u>LL</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
<b>Delivery Method</b>			
<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			

**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.