



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 JEANNE MARIE FOSTER FOR COUNCIL			c. ID Number XCQC2G		
b. Mailing Address (include City, State and Zip Code) 8589 BROOK MEADOW LANE LEWISVILLE, NC 27023			d. Date Filed 10/28/19		
			e. Phone Number		
2. Report Year 2019		3. Period Start Date (mm/dd/yy) 7-25-2019	4. Period End Date (mm/dd/yy) 10-21-2019	5. Treasurer Full Name JEANNE MARIE FOSTER	
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"/> 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			Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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		
7. Type of Fund (if applicable, check one)			State/County <input type="checkbox"/> Organizational <input type="checkbox"/> 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		
8. Number of Fundraisers this Report			10. Special Report Name		
11. Account Information			11. Account Information		
a. Financial Institution Full Name WELLS FARGO			a. Financial Institution Full Name		
b. Purpose COMMITTEE ACCOUNT		c. Account Code JMFTC2019	b. Purpose		c. Account Code
		d. Period Begin Balance \$ 0			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.					
JEANNE MARIE FOSTER				10/28/19	
Printed Name of Signer		Signature of Appointed Treasurer		Date	
FOR OFFICE USE ONLY					
Date Received: 10/28/19		Employee: 		Delivery Method	
Date Postmarked: _____		Employee: _____		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned: _____		Employee: _____		<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered: _____		Employee: _____			
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.					