Disclosure Report Cover
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
JEANNE MARIE FOSTE	E FOR COUNCIL	XCQC2G
b. Mailing Address (include City, State and Zip Code		d. Date Filed
8589 BROOK MEAD	DON LAWE	2720
LEWISVILLE, NC 2	7023	e. Phone Number
2. Report Year 3. Period Start Date (mm/dd	(yy) 4. Period End Date (mm/dd/yy) 5.	Treasurer Full Name
2019 10-22-201	9 12-31-2019 :	JEAW NEMARIE FOSTER
6. Type of Committee (Check One)	9. Type of Report (check only one typ	
Candidate Campaign Party PAC Referendum	Municipal State/County	Referendum
Independent Expenditure	 Organizational Organizational Organizational Quarterly 	al Organizational Pre-referendum
Legal Expense Fund	Pre-primary First	Final
	Pre-election Second	Supplemental Final
7. Type of Fund (if applicable, check one) Booster Fund	Pre-runoff Third	Annual
Building Fund	Semi-annual Fourth Mid Year Semi-annual	Special
	Year End Mid Yea	10. Special Report Name
Other:	Final D Year End	
8. Number of Fundraisers this Report	Special Final Special	
11. Account Information	11. Account Informat	ion
a. Financial Institution Full Name	a. Financial Institution Ful	the second se
WELLS EARIN		8
WELLS FARGO		20
b. Purpose c. Account Co	de b. Purpose	c. Account Code
b. Purpose c. Account Co	de b. Purpose TC20(S	
b. Purpose c. Account Con COMMITTEE JMF ACCOUNT d. Period Begi	TC2019	d. Period Begin Balance
b. Purpose c. Account Con COMMITTEE JMF ACCOUNT d. Period Begi \$	TC2019	C Account Code FB 12
b. Purpose COMMITTEE ACCOUNT CERTIFICATION c. Account Con JMF d. Period Begi \$	TC20(9 n Balance	d. Period Begin Balance
b. Purpose c. Account Con COMMITTEE JMF ACCOUNT d. Period Begi \$	TC20(9 in Balance ance with all applicable provisions of Article commingled with prohibited or other non-d	d. Period Begin Balance \$ e 22A, 22B & 22D-22M of Chapter 163 isclosed funds. I further certify that this
b. Purpose c. Account Con COMMITTEE ACCOUNT CERTIFICATION I certify that the Committee or Fund is in compli- of the NC General Statutes and that no funds are	TC20(9 in Balance ance with all applicable provisions of Article commingled with prohibited or other non-d	d. Period Begin Balance \$ e 22A, 22B & 22D-22M of Chapter 163 isclosed funds. I further certify that this
b. Purpose c. Account Con COMMITTEE ACCOUNT COMMITTEE ACCOUNT C. Account Con JMF d. Period Beging S CERTIFICATION I certify that the Committee or Fund is in compli- of the NC General Statutes and that no funds are report is complete, true and correct and that I have <u>JEANNE</u> MALE FOSTER Printed Name of Signer	TC20(9 in Balance ance with all applicable provisions of Article commingled with prohibited or other non-d	d. Period Begin Balance \$ 22A, 22B & 22D-22M of Chapter 163 isclosed funds. I further certify that this ections.
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b. Purpose C & MMITTEE ACCOUNT C & MMITTEE ACCOUNT C. Account Con JMF d. Period Beging S CERTIFICATION I certify that the Committee or Fund is in compli- of the NC General Statutes and that no funds are report is complete, true and correct and that I have <u>JEANNE</u> MALE For the Printed Name of Signer FOR OFFICE USE ONLY Date Received: 211 2020	ance with all applicable provisions of Article commingled with prohibited or other non-d ve been trained by the NC State Board of Ele Manufacture of Appointed Treasure Signature of Appointed Treasure	d. Period Begin Balance \$ d. Period Begin Balance \$ e 22A, 22B & 22D-22M of Chapter 163 isclosed funds. I further certify that this ections. Delivery Method Delivery Method Registered Mail
b. Purpose c. Account Con COMMITTEE JMF ACCOUNT JMF d. Period Beging S CERTIFICATION I certify that the Committee or Fund is in compliant of the NC General Statutes and that no funds are report is complete, true and correct and that I have <u>JEMNE MALE FOSTER</u> Printed Name of Signer FOR OFFICE USE ONLY Date Received: 2111 2020 Date Postmarked:	ance with all applicable provisions of Article commingled with prohibited or other non-d ve been trained by the NC State Board of Ele Manual Signature of Appointed Treasures Employee:	d. Period Begin Balance \$ d. Period Begin Balance \$ e 22A, 22B & 22D-22M of Chapter 163 isclosed funds. I further certify that this ections. Delivery Method Delivery Method Registered Mail Hand Delivered
b. Purpose c. Account Con COMMITTEE JMF ACCOUNT JMF d. Period Beging S CERTIFICATION I certify that the Committee or Fund is in compli- of the NC General Statutes and that no funds are report is complete, true and correct and that I have <u>JEANNE MALE FOSTER</u> Printed Name of Signer FOR OFFICE USE ONLY Date Received: <u>2111 2020</u> Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form cannot be used assistant treasurer, cu	ance with all applicable provisions of Article commingled with prohibited or other non-d ve been trained by the NC State Board of Ele Manual Signature of Appointed Treasures Employee:	d. Period Begin Balance \$ d. Period Begin Balan

Detailed Summary			Amendment
Use this form to summarize all disclosure reporting forms and	<u>to total mo</u>	netary information	Yes No
L. Committee Full Name (and Fund if applicable)	2. Type of	Report 39	DNumber
JEANNE MARIE FOSTER FOR COUNCIL			XCQCAG
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 770.00	\$ D
RECEIPTS		ne service de la constante Reference de la constante de la	e te service de la company. Notae de la companya
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$,692.40	\$ 2143 53
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			2013 В описалитику Абруган нАА дит — 17 2013 Г. 2013 година на Алдит — 18 20 година и Салинии
11a) Interest on Bank Accounts	(CRO-1250)	\$	λαγματικά δουματαβά ανα το το το \$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,1	ld and 11e)	\$ 69240	\$ 2-04 3.52
<u>EXPENDINGRES</u>			
13) Disbursements			an vist millionala
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ (292.40.	\$ 1273.52
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 1092.40	\$ 1273.52
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	tract line 18)	\$ 770.00	\$ 770.00
ADDITIONAL PINKORMANDION CARACTERIST			
	(CRO-1330)	\$	
	(CRO-1430)	\$	и Б ар П
	(CRO-1610)	\$	§ 12. ● ■ ■ ■ ■
	(CRO-1620)	\$	2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	(CRO-1720)	\$	
	(CRO-1710)	\$	\$
	(CRO-1440)	\$	\$
	(CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1100 NC State Board	(CRO-1215)	\$	\$ Angust 2008

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		om Individua		Pg	of (Amendment Ves No
		ndividual contribution (and Fund if appl		ontributions und	er \$50 if form CF	2. ID Number
		NAKLEE FOSTE	Contraction of the second s	CONVEL		XCOC24
PARTICIPATION OF A DESCRIPTION OF A DESC	tributor Informa		-R FUIL		nove	ALQC2-1
a. Full N	ame, Mailing Addre			b. Job Title/Profes	and the second designed to be a second designed as a second designe	d. Comments
Contraction and the	le city, state, & zip)			CANDINA	FRE	
	JEAN NE MARIE FOSTER			c. Employer's Nar		
8	589 Br	OR K MEADOW	CANE			e. Election Sum to Date
C	EW ISVILL	E, NC 2=	7023			s 2 7 35. 92
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount
	/	CREDIFIED	FACTBORK /	SOZIALMEDIN	10/23/19	\$ 25.00
	2	CREDIT CACI	FELEBOOK		10/25/19	\$ 25.62
	3	(REDIT CARD)	CHEAPEN PASTIARD	COPIES S MAILER	16/25/19	\$ 193.40
10HB BRANNAMON	ributor Informa				nove	
Service in the local	ame, Mailing Addre le city, state, & zip)	ss & Phone		b. Job Title/Profes	ssion	d. Comments
	SAME ,	AS ABOV.	Í.	c. Employer's Nan	ne/Specific Field	
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount
	4	CREDIT CARD	FALEBOR	C	16/29/10	9 \$ 25.60
	5	OLEDIT LARD	POSTAGE	-	10/31/19	\$ 374.00
	Le	ULED IT CARP	FACESML		11/4/19	\$ 25.00
3. Conf	tributor Informa	the second state of the se		Add 🗌 Rei	nove	
NUTERINAL	ame, Mailing Addre le city, state, & zip)	ss & Phone		b. Job Title/Profe	ssion	d. Comments
(inciue	ie eity, state, w eip)					
	CAME	E N3		c. Employer's Nar	ne/Specific Field	
	>////	ABOVE				e. Election Sum to Date
		All				\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount
	7	CREDITGARD	FACTRO	716	11/19/19	\$ 25.00
						\$
						\$
4 Tot	tal only this P	AUD				\$ 1092.40
Balancer	al only this t				and the second second	Co 10-10
5. Tot	tal of ALL CF	RO-1210 Pages Sof Detailed Summary Pages	CPA 1100			s 692.40 s 692.40

In-Kind Contributions	Pg	/ of	Amendment
Use this form to report non-monetary contributions, donations, goo	ds or services prov	vided to the commi	ttee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refu: 1. Committee Full:Name (and Fund if applicable)	nded within 7 da	<u>ys.</u>	2. TD Number Barts States
JEANNS MAAIE FOSTER FOR			XCQC29
a. Full Name, Mailing Address & Phone	b. Type of Contri	move :	c. Comments
(include city, state, & zip)	Individual		
JEANNE MARIE Fosora 8589 Brock Merduln	Candidate		
6589 Brock Mezdaln	Party		
	Referendum		d: Election Sum to Date
	Other Receipt	Source	\$2735.92
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount
FACEBOOK	<u>-</u>	10/23/	9 \$ 2500
FACE BOOK		10/25/1	9 \$ 25-00
MAILER / PUST CARD		10/25/19	\$ 193.40
3. Contributor Information	Add Rer	nove an water	a Caturnati
(include city, state, & zip)	Individual	Jutor	c. Comments
	Candidate		
SAME AB ABONE	Party		
	Referendum		d, Election Sum to Date
	Other Receipt	Source	\$
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount
FACCARU		10/29/1	9 \$ 2500
PUSTAGE FACEBOOK		10/31/1	9 \$ 25.00
		11/4/19	\$25.00.
3: Contributor Information			
(include city, state, & zip)	b. Type of Contrib	utor	c. Comments
CAME AS . D T	Candidate		
SAME AS ABOVE	Party PAC		
· ·	Referendum		d: Election Sum to Date
	Other Receipt	Source	\$
e. Description	<u>, i</u>	f. Date (mm/dd/yyy	y) g. Fair Market Amount
FACEBOOK		11/19/19	\$ 25.00
		1	\$
			\$
4. Total only this Page 5. 5. Total of ALL (CRO-1510 Pages			<u>\$ 692.40</u> \$ 692.40.
se(This line must be on line 17 of Detailed Summary Page CRO-1100)			
CRO-1510 NC State Board	rd of Elections	,	December 2007