

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 ONSLow PROTECT OUR STUDENTS	c. ID Number ONF-123456-N-001
b. Mailing Address (include City, State and Zip Code) 2015 GUM BRANCH ROAD APARTMENT 816 JACKSONVILLE, NC 28540	d. Date Filed 7/24/18
	e. Phone Number 732-597-3166

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2018	7/1/18	10/20/18	JACQUELINE ONIFER

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	Mid Year	
		<input type="checkbox"/> Final	Year End	
		<input type="checkbox"/> Special	Final	
			Special	
8. Number of Fundraisers this Report		10. Special Report Name		
0				

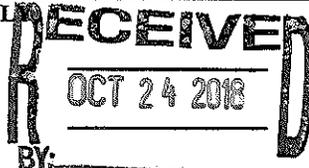
11. Account Information		11. Account Information	
a. Financial Institution Full Name UNION BANK	c. Account Code 001	a. Financial Institution Full Name	c. Account Code
b. Purpose GENERAL FUND	d. Period Begin Balance \$ 8202.18	b. Purpose	d. Period Begin Balance \$

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.

JACQUELINE ONIFER
 Printed Name of Signer

Jacqueline Onifer
 Signature of Appointed Treasurer

10/24/18
 Date

FOR OFFICE USE ONLY		Delivery Method	
Date Received:		<input type="checkbox"/> Normal Mail	Employee: _____
Date Postmarked:		<input type="checkbox"/> Registered Mail	Employee: _____
Date Scanned:		<input type="checkbox"/> Hand Delivered	Employee: _____
Date Data Entered:		<input type="checkbox"/> Electronically Filed	Employee: _____
		<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.