TT. ALL C. C. T.	Cover				Amendment  Yes  No
	port and committee int	formation, must be	e signed and sub	mitted along with	
Do not use this form to upd	s management to the contract of the contract o				
1. Committee Information	ı				
a. Full Name					c. ID Number
Friends of Jeff Hudson					4HCS8m
b. Mailing Address (include City, State and Zip Code)					d. Date Filed
401 South Bluff Circle					
Jacksonville, NC 28540					
					e. Phone Number
					5. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
					910-330-2510
2. Report Year 3. Per	iod Start Date (mm/dd/	/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Fu	ill Name
2018	07/01/2018		31/2018	Susan Allred Si	ngletary
	en kalangan kangan				<b>^</b>
6. Type of Committee (Che Candidate Campaign	and the state of t	9. Type of Report Municipal	t (cneck on State/C		ort from one category) Referendum
PAC	Referendum	Organizationa		Organizational	Organizational
Independent	Joint Fundraiser	Thirty-five da		Quarterly	Pre-referendum
Expenditure  Legal Expense Fund				Q	
The second secon	licable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
	.   ,	Semi-annual Mid Yea		Fourth Semi-annual	Special
Other:	] ]	Year End		Mid Year	10. Special Report Name
		Final		Year End	No Special Report Name
8. Number of Fundraisers	this Report	Special		Final	
0				Special	
11. Account Information			11. Account I	nformation	
a. Financial Institution Full Nam	C			itution Full Name	
First Citizens Bank	Tag 51. 10. 15.71.000 p. 000 p		55.7	-,,,	
	c, Account Code		b. Purpose		c. Account Code
for	1				
campaign	1				
related	d. Period Begin Balance				d. Period Begin Balance
activities	\$ 849.00				\$
					4
CERTIFICATION					
					B, & 22D-22M of Chapter 163 of
					ds. I further certify that this report
is complete, true and correct Susan A. Singletary		•	wan a. Lin	A 1	1-07-2019
*** · · · · · · · · · · · · · · · · · ·	d Name of Signer /		ignature of Appoint		Date
FOR OFFICE USE ONLY					
Date Received:	IAN 0 7 2019	Employee:			Delivery Method
	Jan				Normal Mail
Date Postmarked:		Employee:			Registered Mail Hand Delivered
Date Fusimarkeu.					Electronically Filed
	경험하다 사람들은 가게 되었다면 하는데 있다.				
Date Scanned:		Employee:			Signer has not received
		Employee: Employee:			

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.



## **Certification of Inactive Status**

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

## FILED BY:

Committee Name:

Friends of Jeff Hudson

Treasurer Name:

Susan Singletary

Treasurer Address:

139 Epworth Drive

(include city, state, & zip)

Jacksonville, North Carolina 28546

Treasurer Phone:

910-346-2619

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

1-07-2019

Date Signed

Susan a. Singlitary