

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 <u>Friends of Education</u>		c. ID Number																																					
b. Mailing Address (include City, State and Zip Code) <u>316 Lands End Lane</u> <u>Jacksonville, NC 27540</u>		d. Date Filed <u>9-17-2020</u>																																					
		e. Phone Number <u>910-548-2584</u>																																					
2. Report Year <u>2020</u>	3. Period Start Date (mm/dd/yy) <u>9-17-2020</u>	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <u>Susan Downs Mezas</u>																																				
6. Type of Committee (Check One) <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input checked="" type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
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	<input type="checkbox"/> Special																																						
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other:		10. Special Report Name																																					
8. Number of Fundraisers this Report																																							
10. Account Information		11. Account Information																																					
a. Financial Institution Full Name <u>First Bank</u>		a. Financial Institution Full Name																																					
b. Purpose <u>checking</u>	c. Account Code <u>LDM</u>	b. Purpose	c. Account Code																																				
	d. Period Begin Balance <u>\$ 346.00</u>		d. Period Begin Balance <u>\$</u>																																				
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.																																							
<u>Susan Mezas</u> Printed Name of Signer		<u>Susan Mezas</u> Signature of Appointed Treasurer																																					
		<u>9-17-2020</u> Date																																					
FOR OFFICE USE ONLY																																							
Date Received:		Employee:	Delivery Method																																				
Date Postmarked:	<u>[Signature]</u>	Employee:	<input type="checkbox"/> Normal Mail																																				
Date Scanned:		Employee:	<input type="checkbox"/> Registered Mail																																				
Date Data Entered:		Employee:	<input type="checkbox"/> Hand Delivered																																				
			<input type="checkbox"/> Electronically Filed																																				
			<input type="checkbox"/> Signer has not received mandatory training																																				
<p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>																																							

Statement of Organization - Political Action Committee

Amendment
 Yes No

Use this form to create a new or update an existing political action committee (PAC).

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information			
a. Full Name		c. ID Number	
FRIENDS FOR EDUCATION			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
109 WINESTONE PLACE JACKSONVILLE NC 28546		9-11-2020	
		e. Phone Number	
		910-389-6859	
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Religious <input type="checkbox"/> Trade <input type="checkbox"/> Utilities <input checked="" type="checkbox"/> Other / Not listed			
b. Type (Check only one)		b. Mailing Address (include City, State, and Zip Code)	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose			
c. Definition of Type		c. Phone Number	
TO SUPPORT LOCAL CANDIDATES WHO SUPPORT EDUCATION			
		d. Relationship	
d. Member Definition			
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name		a. Full Name	
SUSAN MEZIAS		First Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
316 LANDS END LANE JACKSONVILLE NC 28540		Jacksonville	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910.548.2582	Susanmezias@yahoo.com	910-347-4121	mccapps@localfirstbank.com
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> Email copy of notices			
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.			
Susan Mezias		Susan Mezias	
Printed Name of Signer		Signature of Appointed Treasurer	
		9-17-2020	
		Date	

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Friends of Education		
Start of Election Cycle: January 1, 2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 346 ⁰⁰	\$ 346 ⁰⁰
6) Contributions from Individuals (CRO-1210)	\$	\$
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		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
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, 11d and 11e)	\$ 346 ⁰⁰	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 26 ⁰⁰	\$ 26 ⁰⁰
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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 26 ⁰⁰	\$ 26 ⁰⁰
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 320 ⁰⁰	\$ 320 ⁰⁰
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
Friends of Education						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
Onslow Co. Register of Deeds 608 Anne St. Jacksonville, NC						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 26 ⁰⁰
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
LDM	CC	0	9-16-2000	\$ 26 ⁰⁰	Business Name Certificate	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						\$ 26 ⁰⁰
6. Total of ALL CRO-1310 Pages						\$ 26 ⁰⁰
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate	E - Salaries	F* - Equipment	G - Political Party
I - Postage	J - Penalties	K* - Office Expenses	H* - Holding Public Office Expenses	O* Other	Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)						