

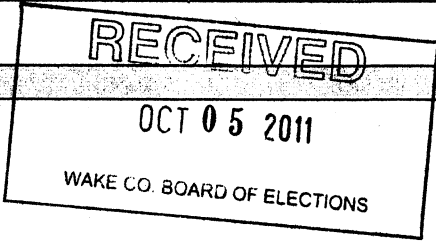
Disclosure Report Cover

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 Friends Of John Lynde	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1003 River Dee Court Apex, NC 27502-4153	d. Date Filed 9/30/2011
	e. Phone Number 919-362-6171



2. Report Year 2011	3. Period Start Date (mm/dd/yy) 08/24/11	4. Period End Date (mm/dd/yy) 09/27/11	5. Treasurer Full Name John Edward Lynde III 1003 River Dee Court, Apex, NC
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6. Type of Committee (Check One)		7. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	8. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name Crescent State Bank		a. Financial Institution Full Name	
b. Purpose Campaign Fnd	c. Account Code FOJL	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0.00		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.

John Lynde

Printed Name of Signer

John Lynde

Signature of Appointed Treasurer

9-30-2011

Date

FOR OFFICE USE ONLY

Date Received: 10-5-11
Date Postmarked: 10-4-11
Date Scanned: _____
Date Data Entered: _____

Employee: AMC
Employee: AMC
Employee: _____
Employee: _____

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed
- 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.

Aggregated Contributions from Individuals

Page

1 of 2

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) Friends Of John Lynde	2. ID Number
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3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	FOJL	Check			\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	PayPal			\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	PayPal			\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 28
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	PayPal			\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 27
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	PayPal			\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	FOJL	Check			\$ 50
<input type="checkbox"/> Remove					

4. Total only this Page	\$ 860
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 1090