

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 <i>Friends of Justin Lenter</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 1002 Kannapolis NC 28082</i>	d. Date Filed <i>7/28/25</i>
	e. Phone Number <i>704-625-6268</i>

2. Report Year <i>2025</i>	3. Period Start Date (mm/dd/yy) <i>7/18/25</i>	4. Period End Date (mm/dd/yy) <i>7/28/25</i>	5. Treasurer Full Name <i>Daniel Squirewell</i>
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6. Type of Committee (Check One)		9. 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 checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input 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
		<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
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Building Fund			<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Final	
8. Number of Fundraisers this Report <i>0</i>		<input type="checkbox"/> Special	<input type="checkbox"/> Special	10. Special Report Name

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Trust Bank</i>	a. Financial Institution Full Name	b. Purpose <i>Campaign Finances</i>	b. Purpose
c. Account Code <i>J4K</i>	c. Account Code	d. Period Begin Balance <i>\$ 100.00</i>	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.

Daniel Squirewell *[Signature]* *7/28/25*
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

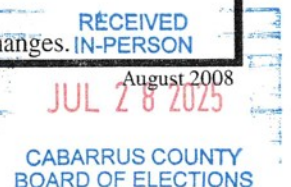
Date Received: <i>7-28-25</i>	Employee: <i>TC</i>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: <i>7-30-25</i>	Employee: <i>NAN</i>	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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.

CRO-1000

NC State Board of Elections



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 Justin Lester		ORGANIZING Committee Finance Report	
Start of Election Cycle: January 1, <u>2025</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 100 ⁰⁰	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 500 ⁰⁰	\$
6) Contributions from Individuals (CRO-1210)		\$	\$
7) Contributions from Political Party Committees (CRO-1220)		\$ 0	\$
8) Contributions from Other Political Committees (CRO-1230)		\$ 0	\$
9) Loan Proceeds (CRO-1410)		\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0	\$
11c) Outside Sources of Income (CRO-1250)		\$ 0	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0	\$
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 500 ⁰⁰	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 372.80	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0	\$
15) Loan Repayments (CRO-1420)		\$ 0	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0	\$
17) In-Kind Contributions (CRO-1510)		\$ 0	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 372.80	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 227.20	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0	
25) Administrative Support (CRO-1710)		\$ 0	\$
26) Forgiven Loans (CRO-1440)		\$ 0	\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0	\$
28) Contributions to be Refunded (CRO-1215)		\$ 0	\$