

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☐ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information

a. Name of Committee <u>Friends of Justin Lewter</u>	d. ID Number
b. Mailing Address (include City, State and Zip Code) <u>P.O. Box 1002 Kannapolis NC 28082</u>	e. Date Organized <u>7/18/25</u>
c. Committee Website (Optional)	f. Phone Number <u>704-625-6268</u>

2. Candidate Information

a. Full Name <u>Justin Michael Lewter</u>	e. Party Affiliation <u>Independent (Unaffiliated)</u>
b. Mailing Address (include City, State, and Zip Code) <u>1832 Marywynn Ct Kannapolis NC 28083</u>	f. Office Sought <u>MAYOR</u>
c. Phone Number <u>704-625-6268</u>	g. Next Election Year <u>2025</u>
d. Email Address <u>info@Justin4Kannapolis.org</u>	h. Jurisdiction <u>Municipal</u>
<input type="checkbox"/> Email copy of report notices	

3. Treasurer Information

a. Full Name <u>Daniel Webster Squirell</u>	a. Full Name
b. Mailing Address (include City, State, and Zip Code) <u>1264 New River Dr. Concord NC 28025</u>	b. Mailing Address (include City, State and Zip Code)
c. Phone Number <u>(704) 960-7885</u>	c. Phone Number
d. Email Address <u>daniel.squirell@yahoo.com</u>	d. Email Address
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)

a. Full Name	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	<u>CABARRUS COUNTY BOARD OF ELECTIONS</u>
c. Phone Number	<u>JUL 28 2025</u>
d. Email Address	<u>RECEIVED</u>
<input type="checkbox"/> Email copy of report notices	

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Daniel Squirell
Printed Name of Treasurer

Daniel Squirell
Signature of Appointed Treasurer

7/28/25
Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Justin M Lewter
Printed Name of Candidate

Justin M Lewter
Signature of Candidate

7/28/25
Date