Amendment

Disclosure Report Cover

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 In	formation							
a. Full Name	HOI HIAUUH							c. ID Number
FRIENDS OF J	JUSTIN LEW	ΓER						
b. Mailing Addre	ess (include Cit	ty, State and Zip	Code)					d. Date Filed
P O BOX 1002 KANNAPOLIS								10/26/2025
KAININAFOLIS	5, INC 20002							e. Phone Number
								(704) 491-3649
2. Report Year	3. Period Star	t Date (mm/dd/y	y)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	rer Full Name
2025	09	9/24/2025			10/20/2	2025	DANIEL	SQUIREWELL
6. Type of Com		One)		e of Report	(c)			ort from one category)
X Candidate Car			Munic			State/County		Referendum
Joint Fundrais	Bened			Organizatio		Organizati	onal	Organizational
Referendum	- best	gal Expense Fund		Thirty-five	-	Quarterly		Pre-referendum
7. Type of Fund "Booster Fund		le, check one)		Pre-primary Pre-election		First	J	Final Supplemental Final
=				Pre-runoff	1	Secon Third	u	Annual
hand .	lection Year Can	didates Fund	ш	Semi-annua	ı	Fourth	1	Special
	mpaign Financing			Mid Ye		Semi-annu		Special
		5		Year E		Mid Y		10. Special Report Name
Other:			ă	Final		Year I	End	To special report value
8. Number of Fu	indraisers this	Report		Special		Final		
	2					Special Special		
3. Account Info	rmation				3. Acc	ount Informa	tion	
a. Financial Inst	itution Full Na	m e			a. Fina	ncial Institut	on Full Nan	ne
TRUIST BANK	K							
b. Purpose		c. Account Cod	e		b. Pur			c. Account Code
CAMPAIGN F	INANCES	J	4K		p	RECEIVED IN-PERSON		
		d. Period Begin	Balan	ce	n	CT 2 7 20	75	d. Period Begin Balance
		s				BARRUS COU		\$
CERTIFICATION	ON					RD OF ELECT		
I certify that the Chapter 163 of funds. I furth	the Committee of the NC General recertify that the control of the	ral Statutes and	that n	funds are true and c	commi	ngled with prand that I hav	ohibited or	22A, 22B & 22D-22M of other non-disclosed and by the NC State Board 10/26/2025
FOR OFFICE U	SEONLY					1		
Date Receiv	red:	0/27/202	2	Emplo	yee:	(m)		elivery Method Normal Mail
Date Postma	arked:		_	Emplo	yee:		- 0	Registered Mail Hand Delivered
Date Scanne	ed:	10/28/25	_	Emplo	yee:	WAN	_	Electronically Filed
Date Data E	ntered:			Emplo	yee:		_	Signer has not received mandatory training
	assista	cannot be used to nt treasurer, cus	stodiar	of books i	nforma	tion, or accou	ınt informat	

Amendment ☐ Yes 🖾 No

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

1. Committee Full Name (and Fund if applicable) FRIENDS OF JUSTIN LEWTER	2. Type of Rep 2025 Pre-Ele	THE REAL PROPERTY.	MCMCACATATA MANAGATA AT A SA S	D Nun		
Start of Election Cycle: January 1,2025			Fotal this orting Period	Total this d Election Cycle		
4) Cash on Hand at Start		\$	12,980.19	\$	0.00	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	175.00	\$	675.00	
6) Contributions from Individuals	(CRO-1210)	\$	2,775.00	\$	20,190.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	0.00	
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	0.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00	\$	0.00	
11) Other Receipt Sources	en la produce de				and the base of the	
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00	
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	\$	0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	2,950.00	\$	20,865.00	
<u>EXPENDITURES</u>						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	5,289.30	\$	10,174.56	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$	0.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	33.17	\$	82.72	
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$	0.00	
17) In-Kind Contributions	(CRO-1510)	\$	0.00	s	0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	5,322.47	\$	10,257.28	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	otract line 18)	\$	10,607.72	\$	10,607.72	
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00			
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00			
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00			
25) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00	
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00	
28) Contributions to be Refunded NC State Boar	(CRO-1215)	\$	0.00	\$	253.17	

00 0			ndividuals Page From Individuals of \$		1	Amendme Yes	nt No
1. Committe	e Full Name (and	Fund if applicable)			2. ID N	Number	
FRIENDS (OF JUSTIN LEW	TER					
3. Contribut	or Information			网络阿贝拉斯			
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/do	d/yyyy)	f. Amount	
Add Remove	J4K	Electric Funds Tran		09/29/20	25	\$	50.00
Add Remove	J4K	Electric Funds Tran		09/27/20	25	\$	25.00
Add Remove	J4K	Debit Card		10/19/20	25	\$	25.00
Add Remove	J4K	Credit Card		10/13/20	25	\$	50.00
Add Remove	J4K	Credit Card		10/08/20	25	\$	25.00
4. Total or	nly this Page				\$		\$175.00
	ALL CRO-12 oust be on line 5 of 1	205 Pages Detailed Summary Page	CRO-1100)		\$		\$175.00
CRO-1205		N	C State Board of Elections				April 2007

		om Individuals			Pg 1 of 5	_	Yes	No No
PARTY NAMED IN COLUMN TWO IS NOT THE OWNER.	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS OF THE PARTY O			ontributions	under \$50 if form CRO	The second second		
	DS OF JUSTIN I	(and Fund if applicab	le)			2.1	D Numbe	r
FRIEN	DS OF JUSTIN	LEWIEK						
3. Cont	ributor Informati	on		Add 🔲	Remove			
a. Full !	Name, Mailing Add	dress & Phone		b. Job Title	Profession	d. C	Comments	
(inclu	ide city, state, & z	ip)		EDUCATO	OR			
	FRAZIER			Б. 1	1 N /G 'C' E' 11	-		
	BEULAH LANE	25204			r's Name/Specific Field	-		
KERN	ERSVILLE, NC	27284		WSSU		e. F	lection Su	ım to Date
						0		100.00
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	y)	k. Amoui	ıt
	J4K	Debit Card			10/18/2025		\$	100.00
		-	-					
							\$	
			<u> </u>					
							\$	
3. Cont	ributor Informati	on		Add 🔲	Remove			
	Name, Mailing Add			b. Job Title	/Profession	d. (Comments	1
(inclu	ide city, state, & z	ip)		PASTOR				
	LD JOLLEY			a Employar	r's Name/Specific Field			
	FON AVE				and the second s			
VOOR	HEES, NJ 08043	3			MACEDONIA CHURCH	e. I	dection S	ım to Date
				DAI 1131	CHUKCH	6		100.00
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyy	y)	k. Amou	nt
	J4K	Electric Funds Tran			09/25/2025		\$	100.00
							\$	
							\$	
	ributor Informati			Add 🗆				
	Name, Mailing Ad			b. Job Title	/Profession	d. (Comment	S
	ide city, state, & z			VP OF EX	TERNAL AFFAIRS			
	Y LANCASTER			c Employer	r's Name/Specific Field			
	MYRON DR IGH, NC 27607			Manage de l'entre de l	ATLANTIC	-		
KALE	IGH, NC 27007			LIBERTI	ATLANTIC	e. I	Dection S	um to Date
						s		100.00
f. Prior		h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyy	y)	k. Amou	nt
	J4K	Credit Card			09/27/2025		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		300.00
F274254 F2754 F275	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100	,		\$		2,775.00

Amendment

		om Individuals				2 of 5	_	Yes Yes	No No
PERSONAL PROPERTY.		dividual contributions (and Fund if applicable)		ontribution	ons un	der \$50 if form CRO	TOWNS THE REAL PROPERTY.	ID Number	1
STATE OF THE PARTY	IDS OF JUSTIN		ie)				2.	ID Number	
	ributor Informati			MANAGEMENT CONTRACTOR	Re				
	Name, Mailing Ad				-	ofession	d. (Comments	
	ude city, state, & z LORAINE	1p)		PROFE	ESSOR				
	CORAINE OGEWOOD CIRI	LE NE		c. Emple	oyer's	Name/Specific Field	1		
	ORD, NC 28025			UNC	CHAR	LOTTE			
							e. l	Election Sur	n to Date
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	0.55
	J4K	Credit Card		- Pro-		10/09/2025	,	s	100.00
									100.00
								\$	
								\$	
3. Cont	ributor Informati	on		Add	Re	move			
a. Full l	Name, Mailing Ad	dress & Phone		b. Job T	itle/Pr	ofession	d. 6	Comments	
(incl	ude city, state, & z	ip)		LOWE	'S HO	ME	Π		
	T MCCOY			IMPRO	OVEM	ENT	-		
	OOD AVE	.002		-	-	Name/Specific Field	-		
KANN	IAPOLIS, NC 28	3083		ASSIS	TANT	MANAGER	e.	Election Sur	n to Date
							\$		75.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy))	k. Amount	
	J4K	Electric Funds Tran				09/29/2025		\$	75.00
								\$	
								\$	
3. Cont	ributor Informati	on		Add	Re	move			
	Name, Mailing Ad			b. Job T	itle/Pr	ofession	d.	Comments	
	ade city, state, & z			RETIR	ED				
	LE MURCHISO			o Empl	overte	Name/Specific Field	+		
	DLMSFORD DRI				-		-		
HUNI	ERSVILLE, NC	280/8		SHEK	IFF'S	OFFICE	e.	Election Sur	m to Date
							s		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy		k. Amount	
	J4K	Electric Funds Tran	The standard	cription		09/29/2025	,	s	100.00
						03/23/2023		3	100.00
								\$	
								\$	
4. Tot	al only this Pa	ge			V SI		\$		275.00

\$

2,775.00

Amendment Contributions from Individuals 3 of 5☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number FRIENDS OF JUSTIN LEWTER ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) INSURANCE BROKER GERI NORRIS-SIMMONS c. Employer's Name/Specific Field 4410 CRYSTAL LAKE DR. GREENSBORO, NC 27410 SELF-EMPLOYED e. Election Sum to Date 100.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Debit Card J4K 10/15/2025 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CLINICAL SITE MICHAEL PIERCE MANAGEMENT c. Employer's Name/Specific Field 1195 JANROSE CT NW CONCORD, NC 28027 ABBVIE e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran J4K 10/09/2025 100.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CASHIER ROBERT RICHARDSON c. Employer's Name/Specific Field 2663 STONEWOOD VIEW KANNAPOLIS, NC 28081 ROWAN ABC BOARD e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Debit Card J4K 10/15/2025 \$ 100.00

□ \$

4. Total only this Page \$ 300.00

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 2,775.00

		om Individuals			Pg 4 of 5 under \$50 if form CRO		Yes	No No
NAME OF STREET	The second secon	(and Fund if applicab		one io delons	under \$50 ir form ereo	THE RESIDENCE OF THE PARTY OF T	Number	
STATE OF THE PARTY	DS OF JUSTIN		/				1 44440000	
	ributor Informati				Remove			
	Name, Mailing Ad			b. Job Title		d. Con	ments	
OSEI I	ide city, state, & z	тр)		TITLE INS	SURANCE			
	IZONA AVE			c. Employer	's Name/Specific Field			
	BEACH, NY 11	561		NATION	STANDARD			
				ABSTRAC	CT	e. Elec	tion Sun	to Date
						\$		2,700.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy) k.	Amount	
	J4K	Credit Card		***************************************	10/02/2025	s		1,200.00
					10/02/2023	3		1,200.00
						\$		
						\$		
3. Cont	ributor Informati	on		Add 🔲	Remove		7.0	
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title	/Profession	d. Con	nments	
(inclu	ide city, state, & z	ip)		LAW ENF	ORCEMENT			
	L SIMS			OFFICER				
	ERON LANE				r's Name/Specific Field	-		
BRON	X, NY 10473			NEW YOR	RK STATE	e. Elec	tion Sun	to Date
						s		350.00
e n :		li n en	I. v. vn. vn.		I by a decident			330.00
		h. Form of Payment Electric Funds Tran	i. In-Kind Des	scription	j. Date (mm/dd/yyyy) k.	Amount	
	J4K	Electric Funds Tran			10/14/2025	\$		100.00
						\$		
						\$		
3. Cont	ributor Informati	on		Add	Remove			
	Name, Mailing Ad			b. Job Title		d. Con	nments	
(inclu	ide city, state, & z	ip)		CEO DESI	IGN BY RKS LLC			
	STROHMINGE	R						
	NION STREET				r's Name/Specific Field	-		
CONC	ORD, NC 28025			DESIGN I	BY RKS	e. Elec	tion Sun	n to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy) k.	Amount	
	J4K	Credit Card			10/10/2025	\$		500.00
						\$		
П			+					

1,800.00

2,775.00

\$

\$

4. Total only this Page

Contr	ributions fr	om Individuals	6	Р	g _ 5 of _	5	Amend Yes	
Use this	form to report in	dividual contributions	s over \$50 or c					
l. Comm	ittee Full Name	(and Fund if applicab	le)			2	. ID Numl	ber
FRIEND	OS OF JUSTIN I	LEWTER						
3. Contri	ibutor Informati	on		Add 🗖 R	emove			
. Full Na	me, Mailing Add	dress & Phone		b. Job Title/P	rofession	d	. Commen	ts
(includ	le city, state, & z	ip)		COMPUTE	R OPERATOR			
	Y WITHERSPO JSKY PINE DR			c. Employer's	Name/Specific Fi	eld		
CHARL	OTTE, MECKI	LENBURG 28215		CHARTER COMMUNICATIONS			. Election	Sum to Date
							\$	100.00
. Prior g	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/	уууу)	k. Amo	unt
	J4K	Electric Funds Tran			10/02/20	25	\$	100.00
							\$	
							\$	
1. Tota	l only this Pa	ge					\$	100.00
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)				\$	2,775.00
CRO-12	10		NC State B	oard of Election	s			April 200

Aggregated	Non-Media	Expenditures
------------	-----------	---------------------

Page 1 of 1 Amendment Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

. Committee	Full Name (and	d Fund if applicable)				2. ID	Number	
FRIENDS C	F JUSTIN LEV	VTER						
. Payee Info	rmation							
Amend I	. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/y	уууу)	f. Amo	ount	g. Required Remarks
Add Remove	J4K	Electric Funds Tran	0	10/14/2025	5	\$	7.45	CONSULTING
Add Remove	J4K	Debit Card	0	09/29/2025	5	\$	14.29	Q&A WITH CANDIDATE
Add Remove	J4K	Debit Card	С	10/14/2025	5	\$	11.43	Q&A CAMPAIGN
. Total or	ly this Page					\$		33.17
	ALL CRO-1 ust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)			\$		33.17
. Purpose	Codes (List	detailed expenditu	re code in (d) a	bove)				
	B*	- Printing	C* - Funda	raising	D - 7	To An	other Car	ndidate
E - Salario	es F*	- Equipment	G - Political	Party	H* -	Hold	ling Pub	lic Office Expenses
I - Postag	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	Penalties	K* - Office	Expenses	Q* -	Dona	ations to	Legal Expense Fun
O* - Oth	er							

CRO-1315

NC State Board of Elections

December 2009

Disbursem	ients				Pg1_ of	3	Yes 🛛	No
	report expenditures		e for o	perating expen	nses, contribution	ons to	candidate/political	
THE RESERVE THE PARTY OF THE PA	coordinated party e							
harman and a second control of the second co	ull Name (and Fund	if applicable)					2. ID Number	
FRIENDS OF J	USTIN LEWTER							
3. Type of Disbu		use separate CRO ributions to Candidat						
Operating Exp		ributions to Candidat				ordinat	ed Party Expenditures	
4. Payee Inform	ation ailing Address & Ph	one	Ц	Add _	Remove d Committee Na	ıme	d. Comments	
(include city, sta		one		b. Coordinate	u committee 14	· · ·	u comments	
BIGVU INC	ic, C 21p)							
135 WEST 50T	'H STREET			c. Level Regis	stered (Specify)			
NEW YORK, N				☐ Federal	County:			
				State	☐ Municip	ality:	e. Election Sum to I	Date
							\$ 10	06.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
J4K	Debit Card	A	10	0/06/2025	\$ 106.99	TEL	EPROTER	
					s	SUB	SCRIPTION	
4 D 7 C				A 11				
4. Payee Inform	ailing Address & Ph	one		Add .	Remove d Committee Na	a m e	d. Comments	
(include city, sta		one		b. Coordinate	d Committee 14	inc	di Comments	
TIARRA DAVI								
3367 BRIDGEV				The second secon	stered (Specify)			
RALEIGH, NC				Federal	County:			
				State	☐ Municip	ality:	e. Election Sum to l	Date
							\$ 4,0	00.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
J4K	Electric Funds Tran	Е	09	9/30/2025	\$ 2,000.00			
					s			
4. Payee Inform	offer			Add 🗆	Remove			
	ailing Address & Ph	one			d Committee N	ame	d. Comments	
(include city, sta		one						
EAST COAST								
2263 SPIDER I				THE REAL PROPERTY AND PERSONS ASSESSED.	stered (Specify)			
KANNAPOLIS	, NC 28083			Federal	County			
(704) 720-0511				State	☐ Municip	bality:	e. Election Sum to	Date
							\$	64.16
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
J4K	Debit Card	0	0	9/24/2025	\$ 64.16	FOC	D	estanovanacorcumotavitson
					s			
5. Total only thi	s Page						\$ 2,1	71.15
	CRO-1310 Pages						5 2,1	71.13
	in line 13a of Detailed	Cumman, Page CRO	1100 ;	Ongrating Evn	ансас)			
	in line 13b of Detailed					omm)	\$ 5,2	89.30
	in line 13c of Detailed							
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)				
A* - Media	B* - Printin			undraising	D - To	Anot	her Candidate	
E - Salaries	F* - Equipm	A CONTRACTOR OF A STATE OF THE PARTY OF THE		litical Party			g Public Office Exp	enses
I - Postage	J - Penaltie			Office Expense		A CONTRACTOR	on to Legal Expense	
O* Other		THE VEHICLE AND ADDRESS OF THE PARTY OF THE	17/417/2009					
* Codes requir	e detailed explanation	on in required ren	narks f	ield(k)				

Amendment

							Amendn	nent
Disbursem	ients				Pg2_ of	3	☐ Yes	X No
Use this form to	report expenditures	from the committe	e for o	perating expen			Brown and a company of the color	olitical
	coordinated party ex							
1. Committee Fu	ull Name (and Fund i	f applicable)					2. ID Numb	er
FRIENDS OF J	USTIN LEWTER							
3. Type of Disbu	THE PERSON NAMED IN COLUMN TO SERVICE AND PARTY OF THE PERSON NAMED IN COLUMN TWO PART	use separate CRO						24 11 4 4 1
X Operating Exp	benses	ributions to Candidat	es/Politi	ical Committees	☐ Coo	rdinate	ed Party Expe	nditures
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinated	d Committee Na	me	d. Comment	ts
(include city, sta	te, & zip)							
KAA MACC							(5)	
1579 KINGSTO				c. Level Regist	and the same of th			
KANNAPOLIS	, NC 28083			Federal	County:		77 6	
				State	☐ Municip	ality:	e. Election S	um to Date
							\$	206.00
f Assount Code	g. Form of Payment	h Purnose Code	i Data	(mm/dd/yyyyy)	i Amount	k Re	quired Rema	rks
J4K						-	APAIGN TR	
J4K	Debit Card	0	10	0/09/2025	\$ 206.00	CAIV	APAIGN IR	AIL
					\$			
4. Payee Inform	ation			Add \square	Remove			
	ailing Address & Pho	one		b. Coordinate	d Committee Na	me	d. Commen	ts
(include city, sta				NAME OF TAXABLE PARTY OF TAXABLE PARTY.	PO COLUMN TO A PROPERTY OF THE PARTY OF THE			
MINUTEMAN								
MCGILL AVE					tered (Specify)			
CONCORD, NO	C 28027			☐ Federal	County:			
				State	☐ Municip	ality:	e. Election S	oum to Date
							\$	3,185.91
6.1	E CD	L D C.d.	· D /	((11/		l. D.	and Dame	
	g. Form of Payment	h. Purpose Code				-	quired Rema	
J4K	Debit Card	В	09	9/24/2025	\$ 933.08		M CARDS	
J4K	Debit Card	В	09	9/29/2025	\$ 215.33	CAN	APAIGN MA	ATERIALS
4. Payee Inform	ation			Add	Remove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee Na	ame	d. Commen	ts
(include city, sta	te, & zip)							
MINUTEMAN	PRESS							
MCGILL AVE	NUE			Charles and the Control of the Contr	tered (Specify)			
CONCORD, N	C 28027			Federal	County			
				☐ State	☐ Municip	ality:	e. Election S	Sum to Date
							\$	3,185.91
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rema	arks
J4K	Debit Card	В	10	0/15/2025	\$ 810.56	POS	TCARDS	
					\$			

			10/10/2020	010100	1001	CHILDO	
				\$			
5. Total only the	his Page					\$	2,164.97
6. Total of AL	L CRO-1310 Pages						
(This line goes	s in line 13b of Detailed	Summary Page	CRO-1100 if Operating Exp CRO-1100 if Contrib to Car CRO-1100 if Coordinated F	ndidates/Political Co	omm)	\$	5,289.30
7 Purpose (odes (List detaile	d evnenditure	code in (h.) above)				

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	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Disbursem			- An appropri		Pg <u>3</u> 0		any coloque da risci estra coproce	X No
	report expenditures		ee for o	perating expen	ses, contribut	tions to	candidate/p	political
AND REAL PROPERTY AND REAL PRO	coordinated party ex ull Name (and Fund)						2. ID Numb	NO.P
	JUSTIN LEWTER	п аррисамс)					2. ID ITUIL	CI
TRIBITION OF D	OSTIN DEW TER							
3. Type of Dis bu	rsement (Please	use separate CRO)-1310	forms for each	type of Disb	urseme	ent.)	
X Operating Exp		tributions to Candidat	es/Polit	ical Committees	□ C	oordinat	ed Party Expe	enditures
4. Payee Informa	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinated Committee Name			d. Commen	ts
(include city, sta	te, & zip)							
POST OFFICE 1040 DALE EARNHARDT BLVD KANNAPOLIS, NC 28083				c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date				
							\$	610.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
J4K	Debit Card	I	10	0/17/2025	\$ 610.00			
		+			s	+-		
4. Payee Informs			П	Add D. Coordinates	Remove	Variable 1	d. Commen	
	ailing Address & Ph	one		b. Coordinated	d Committee	Name	d. Commen	ts
(include city, sta	The state of the s			1				
QUEEN CITY 7 3435 CAMP JU				c. Level Registered (Specify) Federal County: State Municipality:			†	
KANNAPOLIS							1	
	,110 2000						e. Dection	Sum to Date
							S	224.00
		I. v	T		1	I. n		
	g. Form of Payment	-	_				quired Rem	
J4K	Debit Card	0	10	0/14/2025	\$ 224.00	CAN	MPAIGN TE	EE SHIRTS
				-	\$			
4. Payee Informa	eation		П	Add 🗆	Remove			
	ailing Address & Ph	ione		b. Coordinate		Name	d. Commen	ts
(include city, sta		one				-		
VISTAPRINT	10, 52 22 27		-	1				
VISTAPRINT.	COM			c. Level Regist	tered (Specify)	1	
VENLO			Federal County: State Municipality:		1			
18662074955					e. Dection	Sum to Date		
							\$	119.18
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	equired Rem	arks
J4K	Debit Card	В		0/10/2025	\$ 119.18	POS	STCARDS	
		-	\vdash		\$	+-		
					2			
5. Total only this	s Page			FEB ST			\$	953.18
6. Total of ALL	CRO-1310 Pages							

(This line goes in t	\$ 5,289.30						
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing	C* - Fundraising	D - To Anoth	- To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses				
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund				
O* Other		A CALLES CONTRACTOR OF THE PARTY OF THE PART					
* Codes require	detailed explanation in requir	red remarks field (k)					

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

5,289.30