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								c. ID Number
FRIENDS OF J	USTIN LEW	TER						
b. Mailing Addre	ess (include Ci	ty, State and Zip	Code)			IN-PERSON		d. Date Filed
P O BOX 1002 KANNAPOLIS					SE	EP 2 5 2025		09/23/2025
						* DD110 001 IN	T-1	e. Phone Number
						ARRUS COUN RD OF ELECTION		(704) 491-3649
2. Report Year	3. Period Star	t Date (mm/dd/y	yy)	4. Period	End Dat	te (mm/dd/yy)	5. Treasur	er Full Name
2025	0	7/01/2025			09/23/2	025	DANIEL S	SQUIREWELL
6. Type of Comm		NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN		e of Report			type of rep	ort from one category)
X Candidate Can			Munic			State/County		Referendum
☐ Joint Fundrais	- Department			Organizatio		Organizatio	nal	☐ Organizational
Referendum		gal Expense Fund	X	Thirty-five		Quarterly		☐ Pre-referendum
7. Type of Fund		le, check one)		Pre-primary	/	First		☐ Final
☐ "Booster Fund	"			Pre-election	1	☐ Second		☐ Supplemental Final
■ Building Fund		and the second second		Pre-runoff		Third		☐ Annual
Presidential El		and definition and determine the second		Semi-annua	1	Fourth		☐ Special
■ NC Public Can	npaign Financing	g Fund		Mid Ye	ar	Semi-annua	I	
				Year E	nd	☐ Mid Ye	ar	10. Special Report Name
Other:				Final		Year E	nd	
8. Number of Fu	indraisers this	Report		Special		☐ Final		
	1					☐ Special		,
3. Account Infor						ount Informati		
a. Financial Insti		me			a. Fina	ncial Institutio	n Full Nam	ie .
TRUIST BANK		_						
b. Purpose		c. Account Cod	le		b. Purp	ose		c. Account Code
CAMPAIGN F	INANCES	J	14K					
		d. Period Begin	ı Balan	ce				d. Period Begin Balance
		s						s
CERTIFICATIO	N							
Chapter 163 o	f the NC Gener	ral Statutes and this report is co	that no	funds are true and c	commir orrect a	ngled with pro	hibited or o	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board
FOR OFFICE U	SEONLY		- 4- 40		/			
Date Receive	1	29/25/20	<u>n</u> 5	Emplo	yee:	9	<u>De</u>	livery Method Normal Mail
Date Postma	rked:			Emplo	yee: _			Registered Mail Hand Delivered
Date Scanne	d: (9/25/25	_	Emplo	yee: _	WAN	_ 🗵	Electronically Filed
Date Data Er	ntered:			Emplo	yee: _			Signer has not received mandatory training
Please Not	e: This form c	annot be used t	to amer	nd committe	ee infor	mation such a	s the comm	ittee address, treasurer,
		nt treasurer, cus						
Y		d the Statement						

Amendment ☐ Yes X No

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

	2. Type of Re			D Nu	mber	
FRIENDS OF JUSTIN LEWTER	2025 Thirty-	five-da	y			
Start of Election Cycle: January 1, 2025			Fotal this orting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$	4,019.79	\$	0.00	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	500.00	\$	500.00	
6) Contributions from Individuals	(CRO-1210)	\$	17,415.00	\$	17,415.00	
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						
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)	\$	17,915.00	\$	17,915.00	
EXPENDITURES		N.E.	-8 g 25 / 56 m			
(3) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	4,885.26	\$	4,885.26	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$	0.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00	
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	66.50	\$	106.05	
5) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00	
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$	0.00	
7) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	0.00	
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$	4,951.76	\$	4,991.31	
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	16,983.03	\$	12,923.69	
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			
4) Account Transfers Within the Committee	(CRO-1720)	\$	0.00			
25) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00	
6) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00	
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00	
8) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$	0.00	

Aggregated Contributions from Individuals Page 1 of 1 Amendment Yes No

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

1. Committe	e Full Name (and	Fund if applicable)	A STATE OF THE STA		2. ID	Number	
FRIENDS (OF JUSTIN LEW	TER					
. Contribut	or Information					And Company of the	
. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/de	d/yyyy)	f. Amount	
Add Remove	J4K	Debit Card		09/13/202	25	\$	50.00
Add Remove	J4K	Cash		09/06/202	25	\$	50.00
Add Remove	J4K	Debit Card		08/02/202	25	\$	50.00
Add Remove	J4K	Debit Card		09/23/202	25	\$	25.00
Add Remove	J4K	Electric Funds Tran		09/20/202	25	\$	50.00
Add Remove	J4K	Check		09/08/202	25	\$	25.00
Add Remove	J4K	Debit Card		08/18/202	25	s	50.00
Add Remove	J4K	Debit Card		09/08/202	25	s	25.00
Add Remove	J4K	Debit Card		08/28/202	25	\$	50.00
Add Remove	J4K	Debit Card		09/06/202	25	s	25.00
Add Remove	J4K	Debit Card	*	09/06/202	25	\$	50.00
Add Remove	J4K	Debit Card		09/06/202	25	s	25.00
Add Remove	J4K	Debit Card		09/06/202	25	s	25.00
. Total or	ly this Page				\$		\$500.00
	ALL CRO-12 ust be on line 5 of D	05 Pages etailed Summary Page	CRO-1100)		s		\$500.00
RO-1205			C State Board of Elections				April 20

CRO-1205

NC State Board of Elections

April 2007

Amendment **Contributions from Individuals** 21 Pg 1 of ☐ 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 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) DEPUTY POLITICAL ISRA ALLISON DIRECTOR c. Employer's Name/Specific Field 2930 WESLEY AVENUE CHARLOTTE, NC 28205 DOWNHOME NC 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 Debit Card J4K 08/23/2025 100.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SECURITY DIRECTOR **CRAIG BARNES** c. Employer's Name/Specific Field 82 HAMPSHIRE DR PLAINSBORO, NJ 08536 SHADY RECORDS/GOLIATH e. Election Sum to Date ARTIST 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K 08/18/2025 \$ 150.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BANKING PERRELL BESS c. Employer's Name/Specific Field 504 LACEBARK ELM COURT WEDDINGTON, NC 28104 BANK OF AMERICA 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	
	J4K	Debit Card		09/09/2025	\$	100.00
					\$	
					\$	
4. Tota	al only this Pa	ge			S	350.00

Contributions from Individuals

				Amendment			
Pg	_ 2	of	21	☐ Yes	No No		

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

		e (and Fund if applicab	de)			2.	ID Numbe	r
FRIEN	NDS OF JUSTIN	LEWTER						
3. Conf	tributor Informati	ion		Add Re	emove			
a. Full N	Name, Mailing Add	ldress & Phone		b. Job Title/Pr	CONTRACTOR OF THE PROPERTY OF	d. (Comments	s
	ude city, state, & z	tip)		PUBLIC SAI	FETY			
	EN BOARD	2		a Employer's	Name/Specific Field	4		
	SELER COURT ORANGE, NY					1		
WEST	UKANGE, INT	07052		NEW YORK	CCITY	e. J	Election S	um to Date
						\$		100.00
f Prior	In Assount Code	L Form of Dayment	I. v. Wad Day	1-41-11	To the form (Addresses)			
		h. Form of Payment Debit Card	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	,	k. Amour	
	J4K	Deuk Cara			08/28/2025		\$	100.00
							\$	
							s	
	ributor Informati			ALCOHOL SECTION				
	Name, Mailing Add			b. Job Title/Pr	rofession	d. (Comments	3
	ude city, state, & zi			INVESTOR				
	USELAH BRAD I MEDLEY ST	LEY		e Employer's	Name/Specific Field	1		
	DELPHIA, PA 1	19140			STMENTS LLC	1		
1 111	DDD: 1,	19170		AAW III L	STWIENTS LLC	e. I	Aection S	um to Date
			*			\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des		Tr Data (mm/dd/www)		T. Amani	
	J4K	Debit Card	I. III-Killu Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	50 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 ×
	J-15.				08/27/2025		\$	500.00
							\$	
							\$	
	ributor Informatio			The second second	emove			
	Name, Mailing Add			b. Job Title/Pr		d. C	Comments	
	ide city, state, & zi			RISK MANA				
	AEL BRANDLY FERZON LANE			SPECIALIST c. Employer's	Name/Specific Field	1		
	HILL, NC 28227			WELLS FAR		1		
****	,			WELLOTT	tdo	e. F	Aection St	um to Date
						\$		100.00
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amoun	at
	J4K	Debit Card			09/08/2025		\$	100.00
							\$	
							\$	
4. Tota	al only this Pag	ge				\$		700.00
5. Tota	al of ALL CRO	O-1210 Pages				\$		17,415.00
(This II	ine must be on line	6 of Detailed Summary P	'age CRO-1100)			1		17,110.00

Contributions from Individuals Pg 3 of 21 Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	e (and Fund if applicabl	le)			2.	ID Number	M. ASTOP HAVE
FRIEN	NDS OF JUSTIN	LEWTER						
	tributor Informati			Add R	Remove			
	Name, Mailing Add		No. of Contract of	b. Job Title/P		d. (Comments	
	ude city, state, & z			ORGANIZE	R			
	OND BRYANT-I CKINNON	HERRON		c. Employer'	s Name/Specific Field	\mathbf{I}		
	ORD, NC 28025	5		SELF EMPI			- <u> </u>	
	700mmmm					e. I	Hection Sur	m to Date
						\$		100.00
f. Prior		h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	_	k. Amount	t
	J4K	Debit Card			09/06/2025		\$	100.00
							\$	
							s	
	ributor Informatio			CONTRACTOR STATEMENT OF THE STATEMENT OF	emove			
	Name, Mailing Add ide city, state, & zi			b. Job Title/P		d. C	Comments	
	AEL BURKS	1P)		T. BUKKS F	ASSOCIATES			
1308 V	ICKERY DR			c. Employer's	s Name/Specific Field			
MATT	HEWS, NC 2810	04		T. BURKS	ASSOCIATES	Ļ		
					!	e. E	Dection Sur	n to Date
					!	\$		250.00
f. Prior		•	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	t
	J4K	Debit Card			08/22/2025		\$	250.00
							\$	
							\$	
	ributor Informatio			The second second	emove	1.,		
	de city, state, & zi			b. Job Title/Pi	rofession	d. C	Comments	
	BUTTS	P		CEO				!
2546 JU	UBILATION DR			c. Employer's	Name/Specific Field			
HARKI	ER HEIGHTS, T	X 76548		1	ROPERTIES AND	<u>L</u> ,	9	
				INVESTME	NTS		Election Sun	
						\$		250.00
		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	Į.
	J4K	Debit Card			09/11/2025		\$	250.00
							\$	
							\$	
	al only this Pag					\$		600.00
	al of ALL CRC	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$	1	17,415.00

Contributions from Individuals

				Amendment				
Pg	_ 4	of	21	☐ Yes	No No			

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	2. ID Number							
FRIEN	DS OF JUSTIN	LEWTER							
3. Cont	ributor Informati	on		Add Re	move				
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/Pi	rofession	d. (Comment	ts	
	ide city, state, & z	ip)		FINANCIAL ANALYST					
	CANTEEN			c. Employer's Name/Specific Field					
	BIGELOW ST LOTTE, NC 282	260				-			
CIIAK	LOTTE, NC 262	.09		UNC HEALTHCARE			e. Election Sum to Date		
						\$		250.00	
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt	
	J4K	Credit Card			09/03/2025		\$	250.00	
							\$		
							\$		
CONTRACTOR OF THE	ributor Informati			Add □ Re	move				
	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comment	s	
	de city, state, & z	ip)		INSURANCI	E SALES	l		(100)	
	LD COUNCIL			a Employants	Name/Gaselfia Field	-			
	X 1305	002			Name/Specific Field	ł			
KAININ	APOLIS, NC 28	082		COUNCIL I	NSURANCE	e. I	lection S	um to Date	
						\$		1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt	
	J4K	Debit Card			09/13/2025		\$	1,000.00	
	•						\$		
							\$		
	ibutor Informatio			Add Re	move				
	ame, Mailing Add			b. Job Title/Profession			Comment	s	
	de city, state, & zi	p)		ATTORNEY					
	AN COUPET O LANE			c. Employer's	Name/Specific Field	ł			
	BURY, NY 1159	0		LEWTER LA		ł			
	98-6876			LEWIERLA	AW FIKIVI	e. F	lection S	um to Date	
						\$		500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt	
	J4K	Debit Card			07/25/2025		\$	500.00	
							\$		
							\$		
4. Tota	l only this Pag	ge				\$		1,750.00	
5. Tota	of ALL CRO	D-1210 Pages	laga CPO 1100			\$		17,415.00	
(Ints ti	This line must be on line 6 of Detailed Summary Page CRO-1100)								

Contributions from Individuals Pg 5 of 21 Yes 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 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **EDUCATOR** JOY DE PALM c. Employer's Name/Specific Field 98 MORTON ST **APT 58** BOSTON PUBLLIC SCHOOLS e. Election Sum to Date JAMAICA PLAIN, MA 02130 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K 09/17/2025 150.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PROGRAM MANAGER DAWN FLEURIZARD c. Employer's Name/Specific Field 3135 GLENSHIRE DR WINSTON SALEM, NC 27127 WOLDSPEED e. Election Sum to Date (919) 637-2678 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K 08/13/2025 250.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) N/A JELANI FORD c. Employer's Name/Specific Field 15805 WALNUT HILL DR CHARLOTTE, NC 28278 N/A e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K 08/26/2025 \$ 250.00 \$ \$ 4. Total only this Page 650.00 \$ 5. Total of ALL CRO-1210 Pages \$ 17,415.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment 6 of 21 ☐ Yes

Contributions from Individuals 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 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BANKING WILLIAM FRASIER c. Employer's Name/Specific Field 5145 OAKHAVEN LN FORT MILL, SC 29708 BANKING OF AMERICA 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 Debit Card J4K 09/09/2025 \$ 100.00 \$ S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PATTERSON POPE COLLEEN GARRETT c. Employer's Name/Specific Field 333 WEST TRADE ST CHARLOTTE, NC 28202 PATTERSON POPE e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K 08/31/2025 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SOCIAL WORKER LATRECIA GLOVER c. Employer's Name/Specific Field 4324 ABERNATHY PL HARRISBURG, NC 28075 CABARRUS COUNTY e. Election Sum to Date SCHOOLS 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K 09/10/2025 100.00 \$ \$ \$ 4. Total only this Page 450.00 \$ 5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

17,415.00

Contributions from Individuals Pg 7 of 21 Yes Note this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1 Com	mittae Full Name	e (and Fund if applicable	1-1				12	TIS STL	
	IDS OF JUSTIN		le)				2. 1	ID Number	
3. Conf	tributor Informati	ion		Add	☐ Re	more			
	Name, Mailing Ad	CONTRACTOR OF THE PROPERTY OF			THE RESERVE OF THE PARTY OF THE	rofession	ld. (Comments	
	ude city, state, & z			IT				- Comments	
PARR	ISH GREEN								
	WALKING STIC	CK DR		c. Emp	loyer's	Name/Specific Field	1		
CHAR	LOTTE, NC 282	278		RACI	K ROO	M SHOES	L		
							e. Election Sum to Date		
							\$	100.00	
f. Prior		h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	J4K	Debit Card				09/05/2025		\$ 100.00	
								\$	
								\$	
	ributor Informati				☐ Re				
	Name, Mailing Add			b. Job	Title/Pr	rofession	d. (Comments	
	ide city, state, & z	ip)		WEB !	DEVE	LOPER			
	ON GREENE			77	·	SY 10 10 TH 11			
	JSTIN RUN CT	1000				Name/Specific Field	1		
KANN	APOLIS, NC 28	083		SHOE	E SHOV	N INC	0 I	Election Sum to Date	
							е. г	gettion Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription		j. Date (mm/dd/yyyy)		k. Amount	
	J4K	Debit Card				08/29/2025		\$ 100.00	
								\$	
								\$	
3. Contr	ributor Informatio	on		Add	☐ Rei	move			
ı. Full N	lame, Mailing Add	iress & Phone		b. Job	The second secon		d. C	Comments	
	de city, state, & zi ELL GREGORY			PROG	RAM N	MANAGER			
2315 C	ATALINA RD					Name/Specific Field			
CHARI	LOTTE, NC 282	06	1	PRIM	ARY C	CARE SOLUTIONS	Ļ		
							e. E	Dection Sum to Date	
. Prior	1	l. n. en	1 15			1	\$	100.00	
			i. In-Kind Desc	cription		j. Date (mm/dd/yyyy)		k. Amount	
	J4K	Debit Card				08/18/2025		\$ 100.00	
								\$	
								\$	
I. Tota	al only this Pag	ge					\$	300.00	
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CPO_1100)				\$	17,415.00	
(x	me must be on time o	of Demueu Summary I	uge Cho-1100)				1	1,200 1,000,000 1,000	

					Amendm	ent
Contributions from Individuals	Pg	8	of	21	☐ Yes	X No
Use this form to report individual contributions over \$50 or contri	butions und	ler \$50	if form	n CRO 12	05 is not us	ed
1. Committee Full Name (and Fund if applicable)		Variety.		2	. ID Numbe	r
FRIENDS OF JUSTIN LEWTER						
3 Contributor Information	d D Dan	201/0				

	NDS OF JUSTIN	LEWTER	icj				ID Nulliber	
2 0			_			L		
	tributor Informati Name, Mailing Ad				Remove	T,	7	
	ude city, state, & z				e/Profession	a. c	Comments	
	D HAINES	пру		PERFRON	MER			
	LEVELAND ST			c. Employe	er's Name/Specific Field	1		
	R WATER, FL 3	33755		SAGAFT		1		
		5755		Di loi I	KA	e. I	Election Sur	m to Date
						\$		400.00
C Delon	I town t Code	I. p	I. v 22. 1D.		1		12 2	
	127 (200.2)	h. Form of Payment Debit Card	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	1	k. Amount	t
	J4K	Debit Card		31	08/18/2025		\$	400.00
							s	
							s	
A CARLON STATE	ributor Informati			Add 🔲	Remove			
	Name, Mailing Add			b. Job Title	e/Profession	d. (Comments	
(inclu	ude city, state, & z	ip)		TAX ACC	COUNTANT			
	RICE HAMILTON	N]		
	DEKALB PL				er's Name/Specific Field	1		
CHAR	LOTTE, NC 282	1.62		FCIG		<u> </u>		4: Doto
						e. r	Dection 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	t
	J4K	Debit Card			08/26/2025		\$	100.00
							\$	
							\$	
	ributor Informatio			The second secon	Remove			
	Name, Mailing Add			b. Job Title	e/Profession	d. C	Comments	
	ide city, state, & zi	ip)		E.O FIRE	DEPT			
	EL HARRIS			- Employe	r's Name/Specific Field	1		
	REST ST	42				1		
MONT	CLAIR, NJ 0704	12		E.O FIRE	DEPT	e. F	Dection Sur	m 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	i
	J4K	Electric Funds Tran			08/21/2025		s	100.00
							\$	
							\$	
4. Tota	al only this Pag	ge				\$		600.00
	al of ALL CRO	Committee of the second				4		
		6 of Detailed Summary P	Page CRO-1100)			\$		17,415.00

Use this	is form to report in	rom Individuals	ns over \$50 or co		g 9 of 21 nder \$50 if form CRO 1			No No		
		e (and Fund if applicabl				-	ID Number	l mar and a second		
	DS OF JUSTIN									
	tributor Informati			Add Re	move					
	Name, Mailing Add			b. Job Title/Pro	ofession	d. (Comments			
	ude city, state, & z	.ip)		TRUCK DRI	VER			18		
	JIMENEZ			- Employer's	Name/Specific Field	-				
	ILCREST ST IAPOLIS, NC 28	2083		ARTISTIC F		•				
Man.	Al OLIB, ITO 20	003		AKIISIICI	KAME	e. I	Election Sum	to Date		
						\$		85.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount			
	J4K	Debit Card			09/06/2025		\$	85.00		
							s			
							\$			
	ributor Informati			Add Rer						
	Name, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments			
	ide city, state, & zi	ip)		ATTORNEY	1			-		
	SSA JONES OX RIDGE CIRC	OL E		c Employer's	Name/Specific Field	1				
	OX RIDGE CIRC		//		CURITY OFFICE					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			OF HEARING		e. Election Sum to Date				
				APPEALS				100.00		
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount			
	J4K	Debit Card	٥		09/12/2025		\$	100.00		
							\$			
							\$			
	ributor Informatio			Add Rer	CONTROL OF THE PROPERTY OF THE					
	Name, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments			
	de city, state, & zi			RETIRED						
	AM KAUFMAN STEND AVE		1	c. Employer's 1	Name/Specific Field					
	EY STREAM, NY	Y 11580	1	RETIRED	, amore pe					
· ·			1	ICE THE	1	e. F	Dection Sum	to Date		
						\$		100.00		
f. Prior		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount			
	J4K	Debit Card			08/19/2025		\$	100.00		
				*			\$			
							\$			

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

17,415.00

285.00

Co

					Amendm	ent
ontributions from Individuals	Pg	_10	of	21	☐ Yes	X No
this form to report individual contributions and \$50 tile	4:	1 050	:00	- CDO 120	VC :	.1

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 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) IT DWAYNE KEELING c. Employer's Name/Specific Field 9958 TRAVERTINE TRAIL DAVIDSON, NC 28036 ATRIUM HEALTH e. Election Sum to Date 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K 09/13/2025 150.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CHIEF EXECUTIVE OFFICER NICOLE KEITH c. Employer's Name/Specific Field 3324 OSCAR DRIVE MATTHEWS, NC 28105 FREEDOM SCHOOL e. Election Sum to Date **PARTNERS** 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K 09/13/2025 100.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) HUMAN TRAFFICKING DAVI KIRKLAND SURVIVOR ADVOCATE c. Employer's Name/Specific Field 1511 PINE RIDGE CT MONTGOMERY, AL 36109 FAMILY VIOLENCE JUSTICE e. Election Sum to Date CENTER 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K 09/07/2025 100.00 \$ S \$ 4. Total only this Page 350.00 \$ 5. Total of ALL CRO-1210 Pages 17,415.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment **Contributions from Individuals** 21 Pg 11 of ☐ 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 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **FUNRAISER** AMELIA LENKE c. Employer's Name/Specific Field 255 GRANTS CREEK RD SALISBURY, NC 28147 SECOND HARVEST FOOD e. Election Sum to Date BANK 5,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K 09/17/2025 5,000.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REGIONAL ORGANIZER JASMINE LEWTER c. Employer's Name/Specific Field 1832 MARY WYNN COURT KANNAPOLIS, NC 28023 DOWN HOME NC 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 Debit Card J4K 09/12/2025 \$ 100.00 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REGIONAL ORGANIZER SAM LIAS 943 MOREENE RD c. Employer's Name/Specific Field APT C17 DOWN HOME NC DURHAM, NC 27705 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 Debit Card J4K 08/01/2025 \$ 100.00 \$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

5,200.00

\$

\$

Contributions from Individuals Pg 12 of 21 Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name		2. J	ID Number				
FRIEN	IDS OF JUSTIN	LEWTER						
3. Cont	ributor Informati	ion		Add Re	move		Albania de la companya de la company	
a. Full l	Name, Mailing Add	dress & Phone		b. Job Title/Pr	ofession	d. (Comments	
(inclu	ude city, state, & z	ip)		POINT32HE	ALTH			
	H MARION							
	ARK ST			c. Employer's Name/Specific Field				
DOOR	CHESTER CEN	TER, MA 02124		POINT32HE	ALTG	<u></u>	7 - 4 6 4 - D-4	
					,	e. E	Election Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	_	k. Amount	
	J4K	Debit Card		•	08/18/2025		\$ 250.00	
					30/12:-22		\$ 250.00	
	1						\$	
							s	
3 Cont	ributor Information	OP.		Add □ Ret				
	Name, Mailing Add			b. Job Title/Pro		ld Comments		
(include city, state, & zip)				CEO	Diession	d. Comments		
	MARTIN			CEO				
	OPPERPLATE R	RD	1	c. Employer's !	Name/Specific Field			
	LOTTE, NC 282			YOUNG BLA	ACL			
	1696 State Court of State Court of Cour				IP ALLIANCE	e. F	dection Sum to Date	
			1			\$	100.00	
f Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	and notice a	I: Data (m/dd/s-max)			
	J4K	Debit Card	I. III-KIII Desc	eription	j. Date (mm/dd/yyyy)		k. Amount	
	J4K	Doon Cara			08/18/2025		\$ 100.00	
							s	
							s	
	ributor Informatio			Add Rer	move			
	lame, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments	
	de city, state, & zi	(p)			MARSHALL			
	IN MARTIN	A second of the		COLLEGE FU	JND		8	
	OCKBRIDGE RI		ļ		Name/Specific Field			
STONE	E MOUNTAIN, N	IC 30087			D MARSHALL	a V	Dection Sum to Date	
			1	COLLEGE F	UND	е. Б	lection Sum to Date	
						\$	200.00	
. Prior			i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount	
	J4K	Credit Card			09/04/2025		\$ 200.00	
					χ.	+	\$	
						\dashv	s	
. Tota	al only this Pag	ge				\$	550.00	
5. Tota	al of ALL CRO		CPO 1100)			\$	17,415.00	
(Ints tt	ne must be on tine (

							Amendment	1	
		om Individuals	_		Pg 13 of 21		☐ Yes	No No	
				ontributions	under \$50 if form CRO	-			
		(and Fund if applicab	le)			2.	ID Number	(States of	
FRIEN	IDS OF JUSTIN	LEWTER							
	ributor Informati			SOURCE STREET, THE SECOND	Remove				
	Name, Mailing Add			b. Job Title/	Profession	d. (Comments		
	ude city, state, & z	ip)		N/A					
	E MARTIN			c Employer	's Name/Specific Field				
	DING DR	11.41		N/A	s Name/specific Fierd	1			
PHILADELPHI, PA 19141				N/A		e. Election Sum to Date			
·						\$		250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	J4K	Debit Card		•	08/18/2025		\$	250.00	
							\$		
							\$		
	ributor Informatio			Add 🗆 F	Remove	102			
	Name, Mailing Add			b. Job Title/Profession			Comments		
	ide city, state, & zi	ip)		ENGINEER	₹				
	N MCCREA			a Employer	's Name/Specific Field	1			
	NION ST ORD, NC 28025					1			
CONC	JKD, NC 28023			SELF-EMF	LOYED	e. I	dection Sum	to Date	
l								250.00	
f Prior	g. Account Code	h. Form of Payment	i in Vind Dec		L B-4- ((11/	\$	l	250.00	
	J4K	Debit Card	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	J4K	Deon Caru			09/03/2025		\$	250.00	
							\$		
							\$		
15 VIII 1 10 VIII 10 V	ributor Informatio			Add 🗆 R	Remove				
	Full Name, Mailing Address & Phone			b. Job Title/Profession			d. Comments		
(inclu	de city, state, & zi	.p)		COMMERC	CIAL REAL ESTATE				

3. Cont	ributor Informati	on		Add L R	emove			
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/P	rofession	d. (Comments	
TRYS	ide city, state, & z ΓΑΝ MCNEILL			COMMERCIAL REAL ESTATE BROKER				
3126 CROSSWIND DR			c. Employer's Name/Specific Field					
FORTMILL, SC 29707			HEIGH CA	PITAL GROUP				
					e. Election Sum to Date			
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	J4K	Debit Card			08/26/2025		\$	100.00
		,					\$	
							\$	
	al only this Pa	Comments of the second comments of the comment				\$		600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)								17,415.00

					Amendm	ent	
Contributions from Individuals	Pg	_14	of	21	☐ Yes	X N	lo
Use this form to report individual contributions over \$50 or contribution	ns und	ler \$50	if for	n CRO 120	5 is not use	ed	
. Committee Full Name (and Fund if applicable)				2.	ID Numbe	r	

1. Com	mittee Full Name	e (and Fund if applicabl	le)				2.	ID Number	
FRIEN	NDS OF JUSTIN	LEWTER							
	tributor Informati			Add	☐ Re	move			
a. Full N	Name, Mailing Add	ldress & Phone		CONTROL OF THE PARTY	Charles Milks College	rofession	d. (Comments	
	ude city, state, & z	ip)		IBM (CORPC	DRATION			
	N MEANS	25-6		a Employage Nama/S			1		1
	EANECK PLACE			c. Employer's Name/Specific Field			1		
CHAR	LOTTE, NC 282	215		IBM (CORPC	ORATION	e. I	Dection Su	m to Date
								Action	
			1. Fiz. <u>1.0</u>				\$		250.00
f. Prior	6	-	i. In-Kind Des	scription	ı	j. Date (mm/dd/yyyy)		k. Amount	t
	J4K	Debit Card				09/08/2025		\$	250.00
								\$	
								\$	
	ributor Information				Re	The second secon			
Section 2	Name, Mailing Add					ofession	d. C	Comments	
	ide city, state, & zi	íp)		ENGI	NEER				
	Y MONROE CARNEROS CRE	TUDD		e Emp	lover's	Name/Specific Field	1		
	LOTTE, NC 282						1		08
CIIA	JOITE, NC 202	.14		KIVIT .	ENGIN	NEERING	e. I	Dection Sur	m to Date
						!	22.5		
							\$	· · · · · · · · · · · · · · · · · · ·	200.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	Į.
	J4K	Credit Card				09/04/2025		\$	200.00
								\$	
								\$	
	ributor Informatio				☐ Rei				
	Name, Mailing Add			_		ofession	d. C	Comments	
	de city, state, & zi	(p)		NOT F	EMPLO	YED			
	RT NEAL ELROSE DR			c Emp	over's	Name/Specific Field			
	ORD, NC 28025				EMPLO				
Contract)KD, NC 20022			NOL	SIVIPLO	JYED	e. F	dection Sur	n to Date
				<u></u>			\$		100.00
		h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	J4K	Debit Card				09/06/2025		\$	100.00
								\$	
								\$	
4. Tota	al only this Pag	ge					\$		550.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)				\$		17,415.00

Contributions from Individuals Pg 15 of 21 Amendment Yes 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 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PRINCIPAL ROLANDO PARKINS c. Employer's Name/Specific Field 13129 ASHLEY MEADO DR CHARLOTTE, NC 28213 THOMASBORO ACADEMY e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K П 09/02/2025 \$ 100.00 Debit Card J4K 09/06/2025 \$ 150.00 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SUPERVISOR CHRIS PASSMORE c. Employer's Name/Specific Field 168-34 127 AVE JAMAICA, NY 11434 **NYCTA** e. Election Sum to Date 230.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Debit Card J4K 08/22/2025 \$ 230.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) YOUTH COUNSELOR ARKERLESS PELZER SUPERVISOR 8638 WARWICK LANE c. Employer's Name/Specific Field HARRISBURG, NC 28705 NCDPS 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 Debit Card J4K 08/27/2025 \$ 100.00 \$ \$ 4. Total only this Page 580.00 \$ 5. Total of ALL CRO-1210 Pages \$ 17,415.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Con	tributions fi	rom Individuals	s	Pg	z 16 of 21		Amendmen Yes	t X No
Use thi	is form to report ir	ndividual contribution	s over \$50 or c					2
1. Com	mittee Full Name	e (and Fund if applicab	de)			2.	ID Number	
FRIEN	NDS OF JUSTIN	LEWTER						
	tributor Informati			Add 🗆 Re				
1000	Name, Mailing Ad			b. Job Title/Pr		d. (Comments	
	ude city, state, & z	ip)			ORY CONTROL			
	POWELL	T AND		SPECIALIST	Name/Specific Field	-		
	DAVE THOMAS RLOTTE, NC 282				_	-		
CHAR	LUTTE, NC 202	214		WELLS FAR	RGO	6. 1	Election Sum	to Date
l								to Date
		1				\$		100.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	J4K	Debit Card			08/30/2025		\$	100.00
							s	
							\$	
	ributor Informati			Add Ren	move			are some
	Name, Mailing Ado			b. Job Title/Pro		d. (Comments	Charles London
JAMES 16705	(include city, state, & zip) JAMES RAEFORD 16705 STOCKLAND COURT HUNTERSVILLE, NC 28079			c. Employer's l	SURG SCHOOLS Name/Specific Field			
110111	ERG VILLE, INC	20019	7	CHARLOTTE MECKLENBURG SCHOOLS			e. Election Sum to	
				MECKLEIGE	OKO SCHOOLS	\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	J4K	Debit Card			09/03/2025		\$	100.00
							\$	
							\$	
U.S. 80 OH	ributor Informatio			Add Rer	move			
	Name, Mailing Add			b. Job Title/Pro	ofession	d. (Comments	
(inclu	de city, state, & zi	ip)		MANAGEME	ENT			
	REAVES ZABETH LANE	,		CONSULTIN c. Employer's N	IG Name/Specific Field			
MATT	HEWS, NC 2810)5		SELF EMPLO	OYED			
			1	1		e. E	dection Sum	to Date
						\$		250.00
f. Prior			i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount	
	J4K	Debit Card			08/29/2025		8	250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
	J4K	Debit Card		08/29/2025		\$	250.00
						\$	
						\$	
4. Total only this Page							450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	1	7,415.00

CRO-1210

Contributions from Individuals Use this form to report individual contributions over \$50 or contributions.			Amendme Ves	X No
1. Committee Full Name (and Fund if applicable)	eke iz	No.	2. ID Number	r
FRIENDS OF JUSTIN LEWTER				

omments
mments
* Ban
ection Sum to Date
1,500.00
. Amount
\$ 250.00
\$ 1,250.00
\$
Memory State Co.
mments
mmenes
ection Sum to Date
150.00
150.00
. Amount
\$ 150.00
\$
\$
mments
ction Sum to Date
250.00
. Amount
\$ 250.00
8
5
1,900.00
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Amendment **Contributions from Individuals** 18 of 21 ☐ 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 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) LAW ENFORCEMENT DARYL SIMS c. Employer's Name/Specific Field 152 HERON LANE **BRONX, NY 10473 NEW YORK STATE** e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K 08/13/2025 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ENGINEER/CONSULTANT CHARLES STEWART c. Employer's Name/Specific Field 7710 MOORES RD BRANDYWINE, MA 20613 SM AND W LLC 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 Debit Card J4K 09/05/2025 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SALES LEADER BETSY STRUNK c. Employer's Name/Specific Field 1806 ELIZABETH AVE WINSTON SALEM, NC 27103 THURGOOD MARSHALL COLLEGE FUND e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i In-Kind Description

	g. Account Couc	n. Form of rayment	1. In-Kind Description	J. Date (mm/dd/yyyy)		k. Amount	
	J4K Debit Card 09/02/2025			\$	100.00		
						\$	
					1	\$	
4. Tot	al only this Pa	ge			\$		450.00
5. Tot	5. Total of ALL CRO-1210 Pages						

CRO-1210

(This line must be on line 6 of Detailed Summary Page CRO-1100)

17,415.00

Amendment **Contributions from Individuals** Pg 19 of 21 ☐ 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 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PE TEACHER NORMAN SUBER c. Employer's Name/Specific Field 3308 FRENCH WOODS RD CHARLOTTE, NC 28269 BRADFORD PREP SCHOOL 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 Debit Card J4K 08/30/2025 100.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **EDUCATOR** PETER THOMPSON c. Employer's Name/Specific Field 1718 MALLARD COURT UPPER MARLBORO, MD 20774 **PGCPS** e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card J4K 09/02/2025 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PUBLIC RESOURCES DEBORAH VAVRA c. Employer's Name/Specific Field 1560 OAKWOOD AVE KANNAPOLIS, NC 28081 ALLEN PUBLIC LIBRARY 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 Debit Card J4K 08/16/2025 \$ 100.00 \$

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

NC State Board of Elections

17,415.00 April 2007

450.00

\$

\$

Contributions from Individuals

				Amendm	ent
Pg	20	of	21	☐ Yes	No No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number		
FRIEN	DS OF JUSTIN	LEWTER							
3. Cont	ributor Informati	on		Add 🗆 F	Remove				
	Name, Mailing Ad		_	b. Job Title/Profession			d. Comments		
(inclu	ide city, state, & z	ip)		UNDERWRITER c. Employer's Name/Specific Field					
	CKE WARD								
	XBURY COURT								
CHAR	LOTTE, NC 282	169		CNA		e. 1	e. Election Sum to Date		
						\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount		
	J4K	Debit Card			08/25/2025		\$ 250.00		
							\$		
							\$		
	ributor Informati			PERSONAL PROPERTY AND ADDRESS OF THE PERSONS ASSESSED.	Remove				
	Name, Mailing Add			b. Job Title/	Profession	d. (Comments		
	de city, state, & z	ip)		USAA					
	ETH WIGGINS LAKE CROSSIN	IC DP		c. Employer'	s Name/Specific Field	┨			
	LOTTE, NC 282			USAA			1		
	20112,110 202	,,,					e. Election Sum to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	crintian	j. Date (mm/dd/yyyy)		k. Amount		
	J4K	Debit Card	The range best	cription					
			-		08/27/2025		\$ 100.00		
							\$		
							\$		
	ibutor Information	WILLEST STATEMENT AND STATEMENT AND STATEMENT OF STATEMENT AND STATEMENT			lemove				
	ame, Mailing Add de city, state, & zi			b. Job Title/I		d. C	Comments		
	ANZETTA WILI	•		IVP TALEN	T ACQUISITION	l			
	ORY LANE	ZIAWS		c. Employer'	s Name/Specific Field	1			
CHESA	PEAKE, VA 23	321		SMITHFIE	LD	L			
						e. I	Election Sum to Date		
			8			\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount		
	J4K	Debit Card			08/29/2025		\$ 200.00		
							\$		
							\$		
4. Tota	l only this Pa	ge				\$	550.00		
	ol of ALL CR	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$	17,415.00		
(4 1010 11	oc on une	of Deminen Summary P	"Se CAU-1100)						

		om Individual					of 21		Amendme Yes 5 is not use	X No
		(and Fund if applicat		6.0000000000000000000000000000000000000		the late			2. ID Number	
FRIEN	DS OF JUSTIN	LEWTER								
	ributor Informati			Add 🗆 F	Remo	ve				
	Name, Mailing Ad			b. Job Title/	Profe	ssion		d.	d. Comments	
(include city, state, & zip) P. KEVIN WILLIAMSON 3036 SYCAMORE POINT TRAIL			FUNDRAIS	SING	}		Τ			
				CONSULTANT c. Employer's Name/Specific Field KINETIC FUNDRAISING			╛			
HIGH	HIGH POINT, NC 27265									
						e.	e. Election Sum to Date			
								\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j.	Date	(mm/dd/yyyy)	k. Amoun	t
	J4K	Debit Card				0	8/27/2025		\$	100.00
					T				\$	
					T				\$	
4. Tota	al only this Pa	ge						\$		100.00
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							\$		17,415.00

NC State Board of Elections

April 2007

CRO-1210

Disbursements	Pg 1 of
	16 01

4 Yes X No Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

THE RESIDENCE OF THE PARTY OF T	Full Name (and Fund	_					A TO M	AGE WAS STORY OF THE STORY OF T
	JUSTIN LEWTER	п аррпсавіе)					2. ID Nu	mber
			1010.0					
3. Type of Dis b Operating Ex		use separate CRO- tributions to Candidate	-1310 forms	for eac				
4. Payee Inform		Troutions to Candidate		nmittee		ordinat	ted Party E	xpenditures
	failing Address & Ph	one	☐ Add	ordinat	Remove ed Committee N	Jama	la C	
(include city, st		one	b. C 0	orumate	za Committee N	ame	d. Comm	ents
	COUNTY BOARD (E ELECTIONS						
369 CHURCH		of elections	c. Lev	el Regi	stered (Specify)		1	
CONCORD, N			☐ Fe		☐ County		1	
			☐ St	ate	☐ Munici	pality:	e. Electio	n Sum to Date
							\$	60.00
	g. Form of Payment	h. Purpose Code	i. Date (mm/c	ld/yyyy)	j. Amount	k. Re	quired Re	marks
J4K	Debit Card	0	07/18/2	025	\$ 60.00	FILI	ING FEE	
		1			s	+-		
4. Payee Inform	action							
	ailing Address & Ph	one	Add	urdin ate	Remove ed Committee N	lama.	la Comm	
(include city, sta	-	one	D. C.)rumatt	d Committee 14	ame	d. Comm	ents
CANVA	110, at 2.1p)							
200 3 6TH ST			c. Lev	el Regis	stered (Specify)		1	
AUSTIN, TX 78701			☐ Fe			County:		
			☐ St	ate	☐ Municip	pality:	e. Electio	n Sum to Date
							\$	111.40
f. Account Code	g. Form of Payment	h. Purpose Code i	i. Date (mm/d	ld/yyyy)	i. Amount	k. Re	quired Re	marks
J4K	Debit Card	A	09/03/20		\$ 111.40		CKERS	
					s	-	J123122	
4. Payee Inform	otion		☐ Add					
	ailing Address & Pho	ona	THE RESERVE AND ADDRESS OF THE PARTY OF THE	-din ata	Remove d Committee N		d. Commo	
(include city, sta		one	D. C.00	rumate	d Committee 14	ame	a. Commo	ents
TIARRA DAVI	-							
3367 BRIDGEV			c. Leve	el Regis	tered (Specify)		1	
RALEIGH, NC	27610		☐ Fe	deral	☐ County	:	1	
			☐ Sta	ite	☐ Municip	pality:	e. Election Sum to Date	
							\$	2,000.00
f. Account Code	g. Form of Payment	h. Purpose Code i	. Date (mm/d	d/yyyy)	j. Amount	k. Re	quired Re	marks
J4K	Electric Funds Tran	E	09/04/20		\$ 2,000.00			
					\$	-		
Total only thi	D				3			
5. Total only this	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN STREET						\$	2,171.40
	CRO-1310 Pages							
	n line 13a of Detailed S						\$	4,885.26
(This line goes in	n line 13b of Detailed S n line 13c of Detailed Si	ummary Page CRO-1 ummary Page CRO-1	100 if Contrib 100 if Coordin	to Cand	lidates/Political C rtv Expenditures)	'omm)		,,
	des (List detailed	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.			, y === ,			
A* - Media	B* - Printing	The state of the s	C* - Fundrai	THE RESERVE OF THE PARTY OF THE	D - To	Anoth	her Candid	late
E - Salaries	F* - Equipme	0	G - Political P	_				ffice Expenses
- Postage	J - Penalties		K* - Office E	-				Expense Fund
O* Other	et 7-100 of the handwise to different to the present of the contract of				-			•
* Codes require	e detailed explanation	n in required rema	rks field(k)					

Amendment

D:	-1-				
DI	SD	ur	sei	me	nts

				Amendm	ent	
Pg .	2	of	4	☐ Yes	X	No

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

	Full Name (and Fund	if applicable)					2. ID Nu	mber
FRIENDS OF	JUSTIN LEWTER							
3. Type of Disb	ursement (Please	use separate CRC	0-1310	forms for eac	h tune of Dishi	·veam.	and)	
Operating Ex		ributions to Candidat						xpenditures
4. Payee Inforn					Remove	O Carrie	our arry	tpendit a es
The second secon	Tailing Address & Ph	one			d Committee N	ame	d. Comm	ents
(include city, sta							u. 00	citts
CHRISTIAN F				1				
3517 LEE HIL				c. Level Regis	tered (Specify)		1	
COLUMBIA, S				☐ Federal	☐ County		1	
				☐ State	☐ Munici	pality:	e. Electio	n Sum to Date
							\$	300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
J4K	Debit Card	A		9/07/2025	\$ 300.00	1	EOGRAP	
					\$			
4. Payee Inform		TOTAL TOTAL		Add	Remove			MANAGER AND THE
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	d Committee N	ame	d. Comm	ents
(include city, sta	ite, & zip)							
KIM LEWTER								
1832 MARY WYNN			1		tered (Specify)			
KANNAPOLIS	, NC 28083			☐ Federal ☐ County:				
				☐ State	☐ Municip	pality:	e. Election	n Sum to Date
							\$	253.17
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. Amount	k. Re	quired Re	marks
J4K	Debit Card	K		9/08/2025	\$ 253.17			KICKOFF
				70072023	\$	DEC		CICKOTT
					\$			
4. Payee Inform				ARCHITATORIST TOTAL	Remove			
	ailing Address & Pho	ne		b. Coordinated	d Committee Na	ame	d. Commo	nts
(include city, sta								
MINUTEMAN	PRESS			l .			i	
			- 4	·	1.00 10.1		1	
	NUE			c. Level Regist				
	NUE			☐ Federal	☐ County:	- 4		
	NUE				☐ County:	- 4	e. Election	n Sum to Date
MCGILL AVEN CONCORD, NO	NUE C 28027			☐ Federal	☐ County:	- 4	e. Election	1,226.94
CONCORD, NO	NUE	h. Purpose Code	-	☐ Federal	☐ County: ☐ Municip	ality:	88	1,226.94
CONCORD, NO	NUE C 28027 g. Form of Payment	h. Purpose Code	i. Date	Federal State (mm/dd/yyyy)	County: Municip	k. Re	\$ quired Re	1,226.94 marks
CONCORD, NO	NUE C 28027 g. Form of Payment		i. Date	Federal State State	☐ County: ☐ Municip j. Amount \$ 1,226.94	k. Re	\$	1,226.94 marks
F. Account Code J4K	NUE C 28027 g. Form of Payment Debit Card		i. Date	Federal State State	County: Municip	k. Re	\$ quired Res	1,226.94 marks
7. Account Code J4K 5. Total only this	NUE C 28027 g. Form of Payment Debit Card		i. Date	Federal State State	☐ County: ☐ Municip j. Amount \$ 1,226.94	k. Re	\$ quired Re	1,226.94 marks
7. Account Code J4K 5. Total only this 6. Total of ALL	g. Form of Payment Debit Card s Page CRO-1310 Pages	В	i. Date 09	Federal State State	County: Municip	k. Re	\$ quired Res	1,226.94 marks
f. Account Code J4K 5. Total only this 6. Total of ALL (This line goes in	g. Form of Payment Debit Card s Page CRO-1310 Pages In line 13a of Detailed Si	B ummary Page CRO-	i. Date 09	Federal State (mm/dd/yyyy) 0/02/2025 Operating Expen	County: Municip	k. Rec	\$ quired Real SIGNS	1,226.94 marks 1,780.11
f. Account Code J4K 5. Total only this 6. Total of ALL of (This line goes in (This line	g. Form of Payment Debit Card s Page CRO-1310 Pages In line 13a of Detailed Sin line 13b of Detailed Sin line 1b of Det	B ummary Page CRO- ummary Page CRO-	i. Date 09	Federal State (mm/dd/yyyy) 0/02/2025 Operating Expen Contrib to Candi	County: Municip	k. Rec	\$ quired Res	1,226.94 marks
CONCORD, NO C. Account Code J4K S. Total only this Total of ALL (This line goes in (This line goes in	g. Form of Payment Debit Card s Page CRO-1310 Pages In line 13a of Detailed Sin line 13b of Detailed Sin line 13c of Det	ummary Page CRO- ummary Page CRO- ummary Page CRO-	i. Date 09. 1100 if (1100 if (Federal State (mm/dd/yyyy) 0/02/2025 Operating Expenticular Coordinated Parage	County: Municip	k. Rec	\$ quired Real SIGNS	1,226.94 marks 1,780.11
CONCORD, NO. C. Account Code J4K C. Total only this C. Total of ALL (This line goes in (This line goes in (This line goes in (Purpose Co	g. Form of Payment Debit Card S Page CRO-1310 Pages In line 13a of Detailed Sin line 13c of Det	ummary Page CRO- ummary Page CRO- ummary Page CRO- expenditure code i	i. Date 09 1100 if 6 1100 if 6 1100 if 6 1100 if (in (h.) a	Federal State (mm/dd/yyyy) 0/02/2025 Operating Expen Contrib to Candi Coordinated Para	County: Municip Municip J. Amount \$ 1,226.94 \$ sess idates/Political County Expenditures	k. Re- YAR	\$ quired Real D SIGNS \$	1,226.94 marks 1,780.11 4,885.26
5. Total only this 6. Total of ALL 6. Total of ALL 6. (This line goes in 6. This line goes in 7. Purpose Co 8 Media	g. Form of Payment Debit Card S Page CRO-1310 Pages In line 13a of Detailed Sin line 13c of Det	ummary Page CRO- ummary Page CRO- ummary Page CRO- expenditure code i	i. Date 09 1100 if 6 1100 if 6 1100 if C in (h.) a C* - Fu	Federal State State (mm/dd/yyyy) 0/02/2025 Operating Expen Contrib to Candi Coordinated Para	County: Municip Municip J. Amount \$ 1,226.94 \$ sess idates/Political County Expenditures D - To	k. Re- YAR	\$ quired Rep D SIGNS \$ s	1,226.94 marks 1,780.11 4,885.26
5. Account Code J4K 5. Total only this 6. Total of ALL of (This line goes in (This line	g. Form of Payment Debit Card S Page CRO-1310 Pages In line 13a of Detailed Sin line 13b of Detailed Sin line 13c of Detailed Sin line 13c of Detailed Sin line 13c of Petailed Sin line 13c of Pet	ummary Page CRO- ummary Page CRO- ummary Page CRO- expenditure code i	i. Date 09 1100 if 6 1100 if 6 in (h.) a C* - Fu G - Poli	Federal State (mm/dd/yyyy) 0/02/2025 Operating Expen Contrib to Candi Coordinated Para bove) Indraising itical Party	County: Municip Municip J. Amount \$ 1,226.94 \$ sess idates/Political County Expenditures D - To H* - He	k. Re- YAR	\$ quired Rep D SIGNS \$ s ner Candid Public O	1,226.94 marks 1,780.11 4,885.26 late ffice Expenses
Account Code J4K 5. Total only this 6. Total of ALL (This line goes in (This line goes i	g. Form of Payment Debit Card S Page CRO-1310 Pages In line 13a of Detailed Sin line 13c of Det	ummary Page CRO- ummary Page CRO- ummary Page CRO- expenditure code i	i. Date 09 1100 if 6 1100 if 6 in (h.) a C* - Fu G - Poli	Federal State State (mm/dd/yyyy) 0/02/2025 Operating Expen Contrib to Candi Coordinated Para	County: Municip Municip J. Amount \$ 1,226.94 \$ sess idates/Political County Expenditures D - To H* - He	k. Re- YAR	\$ quired Rep D SIGNS \$ s ner Candid Public O	1,226.94 marks 1,780.11 4,885.26

D' I		Amendmen	ıt
Disbursements	Pg <u>3</u> of <u>4</u>	☐ Yes	X No

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

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nur	nber
FRIENDS OF .	JUSTIN LEWTER								
3. Type of Dis bu	rsement Please	use separate CRC	0-1310	forms for eac	h type	of Dishu	ucomo	ent)	
Operating Exp		ributions to Candidat						ed Party Ex	penditures
4. Payee Inform				Add	Remo			ou ruity	pericui in CS
	ailing Address & Ph	one	_	b. Coordinate			ame	d. Commo	ents
(include city, sta									. Htg
SAMS CLUB									
2421 SUPERCE	ENTER DR			c. Level Regis	tered	(Specify)		1	
KANNAPOLIS				☐ Federal		County:		1	
	* Program Schomzowno			☐ State		Municip	ality:	e. Election	Sum to Date
								\$	170.32
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
J4K	Debit Card	F		9/08/2025	\$	170.32		PAIGN F	
					\$		DEC		HORE.
4. Payee Inform	otion			Add \square					
	ailing Address & Pho	ona		b. Coordinate	Remo			d. Comme	-
(include city, sta	_	one		D. Coormnate	a Com	mittee 142	ıme	d. Comme	ents
SLANGIN BIRI	*		,						
N/A	DS .			c. Level Regis	tered (Specify)	7.5		
KANNAPOLIS, NC 28083				Federal County:					
The second second	, 110 20005			☐ State	Ē	Municip		e. Dection	Sum to Date
								\$	300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i Date	(mm/dd/yyyy)	l: Am		l De	quired Res	
J4K	Debit Card	К)/22/2025	\$	300.00			
	Debit Card	K	09	12212023		300.00	200	US GROU	
					\$		CAIV	II AIGINII	10
4. Payee Informa				Add 🗆	Remo	ve			
	iling Address & Pho	one		b. Coordinate	d Com	mittee Na	me	d. Comme	nts
(include city, stat	te, & zip)								
	ES POSTAL SERV	ICE							
	RNHARDT BLVD		- 1	c. Level Regis					
KANNAPOLIS,	NC 28083			☐ Federal	F	County:			
			- 1	State		Municip	ality:	e. Election	Sum to Date
						68		\$	96.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Ren	narks
J4K	Debit Card	Н		/18/2025	\$	96.00	PO B		
			(Feet)		_	70.00		7071	
					\$				
5. Total only this								\$	566.32
	CRO-1310 Pages								
(This line goes in	line 13a of Detailed Si	ummary Page CRO-	1100 if	Operating Expen	nses)		EDEL VALVEON	c	1 005 26
(This line goes in	line 13b of Detailed Si	ummary Page CRO-	1100 if	Contrib to Cand	idates/l	Political Co	mm)	\$	4,885.26
(This line goes in	line 13c of Detailed Si	ummary Page CRO-	1100 if (Coordinated Par	ty Exp	enditures)			
	des (List detailed of	expenditure code	in (h.) a	bove)					
A* - Media	B* - Printing	g	C* - Ft	indraising	. 3.7	D - To	Anoth	er Candid	ate
E - Salaries	F* - Equipme	ent	G - Pol	itical Party		H* - Ho	lding	Public Of	fice Expenses
- Postage	J - Penalties	1	K* - O	ffice Expenses	;				Expense Fund
O* Other		Martin Martin C. Martin Martin Martin Co.							
* Codes require	detailed explanation	ı in required rem	arks fi	eld(k)					

Pg				Amendm	ent	
Pg	4	of	_ 4	☐ Yes	X	No

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

1. Committee F	ull Name (and Fund	if applicable)				observation and the		2. ID Nu	mber	
	JUSTIN LEWTER							21 10 114	met	
3. Type of Disb	ursoment (Plagea	usa sangyata CDI	0 1210	Commer Com and	1	rn' i				
Operating Ex		use separate CRO ributions to Candida								
		ributions to Candida	STORES -				rdinat	ed Party E	xpenditures	
4. Payee Inform					Remove					
	ailing Address & Ph	one		b. Coordinate	d Commi	ttee Na	me	d. Comm	ents	
(include city, sta				-						
VIBEZ BAR A				a Land Barta	4 1 (0			ļ		
3339 CLOVER				c. Level Regis		County:				
KANNAPOLIS				State				- ID4'-	- C 1- D-1	
(704) 787-9665				L State	ш,	Municip	anty:	e. Hectio	n Sum to Date	
f 116-1	I n	l. s						\$	302.77	
		h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	unt	k. Re	quired Re	uired Remarks	
J4K	Debit Card	С	0	9/08/2025	\$ 30	02.77	CAN	IPAIGN	KICKOFF	
					\$					
4. Payee Inform	ation	Accepted that the		Add	Remove		KOSUK.			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Commi	ttee Na	me	d. Comm	ents	
(include city, sta	te, & zip)									
HOSTINGER V	WEB HOSTING			1						
N/A				c. Level Regis	tered (Sp	e ci fy)				
N/A				☐ Federal ☐ County:						
N/A, NC 03230)			☐ State		Municipa	ality:	e. Electio	n Sum to Date	
								\$	64.66	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. Amour	nt I	k. Re	quired Re	EVANTORIA,	
J4K	Debit Card	K		7/29/2025				-		
8,477	Don cara	IX.	- 0	112912023		54.66	WEE	SITE AF	ND EMAIL	
					\$					
5. Total only this	s Page							\$	367.43	
6. Total of ALL	CRO-1310 Pages									
(This line goes in	n line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Expen	nses)		THE SAME			
(This line goes in	n line 13b of Detailed S	ummary Page CRO-	1100 if	Contrib to Cand	idates/Poli	itical Co	mm)	\$	4,885.26	
(This line goes in	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Par	ty Expend	litures)				
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)					ki mangangka sak	
A* - Media	B* - Printin	g	C* - F	undraising D - To			Another Candidate			
E - Salaries	F* - Equipme	ent	•			lding	ng Public Office Expenses			
I - Postage	J - Penalties			ffice Expenses					l Expense Fund	
O* Other				-	2.	-		8	1	
	detailed explanation	n in required rem	arks fi	ield(k)						
CPO 1310		NC G	ata Das	ad of Flooti-						

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

Page 1 of 1 Page X No

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

1. Committee Full Name (and Fund if applicable) FRIENDS OF JUSTIN LEWTER					2.1	2. ID Number			
3. Payee Inf	formation								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)		mount	g. Required Remarks		
Add Remove	J4K	Debit Card	К	09/12/2025	\$	10.00	CAMPAIGN CONSULTING		
Add Remove	J4K	Debit Card	K	07/28/2025	\$	39.55	CAMPAIGN EXPENSES		
Add Remove	J4K	Debit Card	K	07/29/2025	\$	16.95	СНЕСК ВООК		
4. Total o	nly this Page				\$		66.50		
	f ALL CRO-1 nust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)		\$		66.50		
6. Purpos		detailed expenditu	re code in (d) a	bove)			A TOMOR DIESE DE MANDE DE		
	CARLO SERVICIO DE LA CARLO DEL CARLO DE LA CARLO DEL CARLO DE LA CARLO DEL LA CARLO DE LA	- Printing	C* - Fundraising D -) - To A	To Another Candidate			
E - Salar	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS N	- Equipment	G - Political Party H* -		I* - Ho	- Holding Public Office Expenses			
I - Posta	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE	Penalties	K* - Office	Expenses)* - Do	nations to	Legal Expense Fun		
* Codes	require detai	led explanation i	n required ren	narks field (g)					

CRO-1315

NC State Board of Elections

December 2009