# 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 | c. ID Number |
|---|---|
| FRIENDS OF JUSTIN LEWTER | |

| b. Mailing Address (include City, State and Zip Code) | d. Date Filed |
|---|---|
| P O BOX 1002<br>KANNAPOLIS, NC 28082 | 09/23/2025 |
| | e. Phone Number: (704) 491-3649 |

RECEIVED IN-PERSON SEP 25 2025 CABARRUS COUNTY BOARD OF ELECTIONS

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|---|---|---|---|
| 2025 | 07/01/2025 | 09/23/2025 | DANIEL SQUIREWELL |

**6. Type of Committee** (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

**7. Type of Fund** *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

**8. Number of Fundraisers this Report**

1

**9. Type of Report** *(check only one type of report from one category)*

| Municipal | State/County | Referendum |
|---|---|---|
| ☐ Organizational | ☐ Organizational | ☐ Organizational |
| ☒ Thirty-five day | Quarterly | ☐ Pre-referendum |
| ☐ Pre-primary | ☐ First | ☐ Final |
| ☐ Pre-election | ☐ Second | ☐ Supplemental Final |
| ☐ Pre-runoff | ☐ Third | ☐ Annual |
| Semi-annual | ☐ Fourth | ☐ Special |
| ☐ Mid Year | Semi-annual | |
| ☐ Year End | ☐ Mid Year | **10. Special Report Name** |
| ☐ Final | ☐ Year End | |
| ☐ Special | ☐ Final | |
| | ☐ Special | |

**3. Account Information**

| a. Financial Institution Full Name | b. Purpose | c. Account Code | d. Period Begin Balance |
|---|---|---|---|
| TRUIST BANK | CAMPAIGN FINANCES | J4K | $ |

**3. Account Information**

| a. Financial Institution Full Name | b. Purpose | c. Account Code | 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

| Daniel Squirewell | Daniel Squirewell | 09/23/2025 |
|---|---|---|
| Printed Name of Signer | Signature of Appointed Treasurer | Date |

**FOR OFFICE USE ONLY**

| | | | |
|---|---|---|---|
| Date Received: | 09/25/2025 | Employee: | |
| Date Postmarked: | | Employee: | |
| Date Scanned: | 9/25/25 | Employee: | WAN |
| Date Data Entered: | | Employee: | |

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☒ Electronically Filed

☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# 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 LEWTER | 2025 Thirty-five-day | |

| Start of Election Cycle: January 1, 2025 | | Total this Reporting 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** | | | |
| 13) 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 |
| 14) Aggregated Non-Media Expenditures | *(CRO-1315)* | $ 66.50 | $ 106.05 |
| 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 | $ 0.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | $ 4,951.76 | $ 4,991.31 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract 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 | |
| 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 | *(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. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| FRIENDS OF JUSTIN LEWTER | |

**3. Contributor Information**

| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
|---|---|---|---|---|---|
| ☐ Add ☐ Remove | J4K | Debit Card | | 09/13/2025 | $ 50.00 |
| ☐ Add ☐ Remove | J4K | Cash | | 09/06/2025 | $ 50.00 |
| ☐ Add ☐ Remove | J4K | Debit Card | | 08/02/2025 | $ 50.00 |
| ☐ Add ☐ Remove | J4K | Debit Card | | 09/23/2025 | $ 25.00 |
| ☐ Add ☐ Remove | J4K | Electric Funds Tran | | 09/20/2025 | $ 50.00 |
| ☐ Add ☐ Remove | J4K | Check | | 09/08/2025 | $ 25.00 |
| ☐ Add ☐ Remove | J4K | Debit Card | | 08/18/2025 | $ 50.00 |
| ☐ Add ☐ Remove | J4K | Debit Card | | 09/08/2025 | $ 25.00 |
| ☐ Add ☐ Remove | J4K | Debit Card | | 08/28/2025 | $ 50.00 |
| ☐ Add ☐ Remove | J4K | Debit Card | | 09/06/2025 | $ 25.00 |
| ☐ Add ☐ Remove | J4K | Debit Card | | 09/06/2025 | $ 50.00 |
| ☐ Add ☐ Remove | J4K | Debit Card | | 09/06/2025 | $ 25.00 |
| ☐ Add ☐ Remove | J4K | Debit Card | | 09/06/2025 | $ 25.00 |

| | |
|---|---|
| **4. Total only this Page** | $ $500.00 |
| **5. Total of ALL CRO-1205 Pages** *(This line must be on line 5 of Detailed Summary Page CRO-1100)* | $ $500.00 |

# Contributions from Individuals



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ISRA ALLISON<br>2930 WESLEY AVENUE<br>CHARLOTTE, NC 28205 | DEPUTY POLITICAL DIRECTOR | DOWNHOME NC | | $ 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 | | 08/23/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| CRAIG BARNES<br>82 HAMPSHIRE DR<br>PLAINSBORO, NJ 08536 | SECURITY DIRECTOR | SHADY RECORDS/GOLIATH ARTIST | | $ 150.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Debit Card | | 08/18/2025 | $ 150.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| PERRELL BESS<br>504 LACEBARK ELM COURT<br>WEDDINGTON, NC 28104 | BANKING | BANK OF AMERICA | | $ 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. Total only this Page** | $ 350.00 |
| **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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| STEVEN BOARD<br>9 VOSSELER COURT<br>WEST ORANGE, NY 07052 | PUBLIC SAFETY | NEW YORK CCITY | | $ 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 | | 08/28/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| METHUSELAH BRADLEY<br>3527 N MEDLEY ST<br>PHILADELPHIA, PA 19140 | INVESTOR | AAM INVESTMENTS LLC | | $ 500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Debit Card | | 08/27/2025 | $ 500.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| MICHAEL BRANDLY<br>10809 FERZON LANE<br>MINT HILL, NC 28227 | RISK MANAGEMENT SPECIALIST | WELLS FARGO | | $ 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 | | 09/08/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 700.00 |
| **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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JAYMOND BRYANT-HERRON<br>199 MCKINNON<br>CONCORD, NC 28025 | ORGANIZER | SELF EMPLOYED | | $ 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 | | 09/06/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| MICHAEL BURKS<br>1308 VICKERY DR<br>MATTHEWS, NC 28104 | T. BURKS ASSOCIATES | T. BURKS ASSOCIATES | | $ 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 | | 08/22/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JAMES BUTTS<br>2546 JUBILATION DR<br>HARKER HEIGHTS, TX 76548 | CEO | ALLIED PROPERTIES AND INVESTMENTS | | $ 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 | | 09/11/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 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 |

# Contributions from Individuals



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| EARL CANTEEN<br>1120 BIGELOW ST<br>CHARLOTTE, NC 28269 | FINANCIAL ANALYST | UNC HEALTHCARE | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Credit Card | | 09/03/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DONALD COUNCIL<br>P O BOX 1305<br>KANNAPOLIS, NC 28082 | INSURANCE SALES | COUNCIL INSURANCE | | $ 1,000.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Debit Card | | 09/13/2025 | $ 1,000.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| GILLIAN COUPET<br>55 POLO LANE<br>WESTBURY, NY 11590<br>(718) 598-6876 | ATTORNEY | LEWTER LAW FIRM | | $ 500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Debit Card | | 07/25/2025 | $ 500.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 1,750.00 |
| **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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JOY DE PALM<br>98 MORTON ST<br>APT 58<br>JAMAICA PLAIN, MA 02130 | EDUCATOR | BOSTON PUBLLIC SCHOOLS | | $ 150.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Debit Card | | 09/17/2025 | $ 150.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DAWN FLEURIZARD<br>3135 GLENSHIRE DR<br>WINSTON SALEM, NC 27127<br>(919) 637-2678 | PROGRAM MANAGER | WOLDSPEED | | $ 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 | | 08/13/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JELANI FORD<br>15805 WALNUT HILL DR<br>CHARLOTTE, NC 28278 | N/A | N/A | | $ 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 | | 08/26/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 650.00 |
| **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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| WILLIAM FRASIER<br>5145 OAKHAVEN LN<br>FORT MILL, SC 29708 | BANKING | BANKING OF AMERICA | | $ 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 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| COLLEEN GARRETT<br>333 WEST TRADE ST<br>CHARLOTTE, NC 28202 | PATTERSON POPE | PATTERSON POPE | | $ 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 | | 08/31/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| LATRECIA GLOVER<br>4324 ABERNATHY PL<br>HARRISBURG, NC 28075 | SOCIAL WORKER | CABARRUS COUNTY SCHOOLS | | $ 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 | | 09/10/2025 | $ 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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| PARRISH GREEN<br>12601 WALKING STICK DR<br>CHARLOTTE, NC 28278 | IT | RACK ROOM SHOES | | $ 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 | | 09/05/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JORDON GREENE<br>111 AUSTIN RUN CT<br>KANNAPOLIS, NC 28083 | WEB DEVELOPER | SHOE SHOW INC | | $ 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 | | 08/29/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DARRELL GREGORY<br>2315 CATALINA RD<br>CHARLOTTE, NC 28206 | PROGRAM MANAGER | PRIMARY CARE SOLUTIONS | | $ 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 | | 08/18/2025 | $ 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)* | $ 17,415.00 |

# Contributions from Individuals



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DAVID HAINES<br>628 CLEVELAND ST<br>CLEAR WATER, FL 33755 | PERFROMER | SAGAFTRA | | $ 400.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Debit Card | | 08/18/2025 | $ 400.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| MAURICE HAMILTON<br>11000 DEKALB PL<br>CHARLOTTE, NC 28262 | TAX ACCOUNTANT | FCIG | | $ 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 | | 08/26/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| SAMUEL HARRIS<br>39 FOREST ST<br>MONTCLAIR, NJ 07042 | E.O FIRE DEPT | E.O FIRE DEPT | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Electric Funds Tran | | 08/21/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 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 |

# Contributions from Individuals



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JUAN JIMENEZ<br>900 HILCREST ST<br>KANNAPOLIS, NC 28083 | TRUCK DRIVER | ARTISTIC FRAME | | $ 85.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Debit Card | | 09/06/2025 | $ 85.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| VANESSA JONES<br>6729 FOX RIDGE CIRCLE<br>DAVIDSON, NC 28036 | ATTORNEY | SOCIAL SECURITY OFFICE OF HEARINGS AND APPEALS | | $ 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 | | 09/12/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| WILLIAM KAUFMAN<br>63 WESTEND AVE<br>VALLEY STREAM, NY 11580 | RETIRED | RETIRED | | $ 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 | | 08/19/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 285.00 |
| **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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DWAYNE KEELING<br>9958 TRAVERTINE TRAIL<br>DAVIDSON, NC 28036 | IT | ATRIUM HEALTH | | $ 150.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Debit Card | | 09/13/2025 | $ 150.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| NICOLE KEITH<br>3324 OSCAR DRIVE<br>MATTHEWS, NC 28105 | CHIEF EXECUTIVE OFFICER | FREEDOM SCHOOL PARTNERS | | $ 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 | | 09/13/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DAVI KIRKLAND<br>1511 PINE RIDGE CT<br>MONTGOMERY, AL 36109 | HUMAN TRAFFICKING SURVIVOR ADVOCATE | FAMILY VIOLENCE JUSTICE CENTER | | $ 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 | | 09/07/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 350.00 |
| **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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| AMELIA LENKE<br>255 GRANTS CREEK RD<br>SALISBURY, NC 28147 | FUNRAISER | SECOND HARVEST FOOD BANK | | $ 5,000.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Debit Card | | 09/17/2025 | $ 5,000.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JASMINE LEWTER<br>1832 MARY WYNN COURT<br>KANNAPOLIS, NC 28023 | REGIONAL ORGANIZER | DOWN HOME NC | | $ 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 | | 09/12/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| SAM LIAS<br>943 MOREENE RD<br>APT C17<br>DURHAM, NC 27705 | REGIONAL ORGANIZER | DOWN HOME NC | | $ 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 | | 08/01/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 5,200.00 |
| **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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| KEITH MARION<br>344 PARK ST<br>DOORCHESTER CENTER, MA 02124 | POINT32HEALTH | POINT32HEALTG | | $ 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 | | 08/18/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JOHN MARTIN<br>2042 COPPERPLATE RD<br>CHARLOTTE, NC 28262 | CEO | YOUNG BLACL LEADERSHIP ALLIANCE | | $ 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 | | 08/18/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| MARTIN MARTIN<br>5867 ROCKBRIDGE RD<br>STONE MOUNTAIN, NC 30087 | THURGOOD MARSHALL COLLEGE FUND | THURGOOD MARSHALL COLLEGE FUND | | $ 200.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Credit Card | | 09/04/2025 | $ 200.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 550.00 |
| **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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| THANE MARTIN<br>1 WINDING DR<br>PHILADELPHI, PA 19141 | N/A | N/A | | $ 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 | | 08/18/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| EDISON MCCREA<br>57 S UNION ST<br>CONCORD, NC 28025 | ENGINEER | SELF-EMPLOYED | | $ 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 | | 09/03/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| TRYSTAN MCNEILL<br>3126 CROSSWIND DR<br>FORTMILL, SC 29707 | COMMERCIAL REAL ESTATE BROKER | HEIGH CAPITAL GROUP | | $ 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 | | 08/26/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 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 |

# Contributions from Individuals



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| AARON MEANS<br>6011TEANECK PLACE<br>CHARLOTTE, NC 28215 | IBM CORPORATION | IBM CORPORATION | | $ 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 | | 09/08/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| AVERY MONROE<br>9353 CARNEROS CREEK RD<br>CHARLOTTE, NC 28214 | ENGINEER | RMF ENGINEERING | | $ 200.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Credit Card | | 09/04/2025 | $ 200.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ROBERT NEAL<br>341 MELROSE DR<br>CONCORD, NC 28025 | NOT EMPLOYED | NOT EMPLOYED | | $ 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 | | 09/06/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 550.00 |
| **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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ROLANDO PARKINS<br>13129 ASHLEY MEADO DR<br>CHARLOTTE, NC 28213 | PRINCIPAL | THOMASBORO ACADEMY | | $ 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 | | 09/02/2025 | $ 100.00 |
| ☐ | J4K | Debit Card | | 09/06/2025 | $ 150.00 |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| CHRIS PASSMORE<br>168-34 127 AVE<br>JAMAICA, NY 11434 | SUPERVISOR | NYCTA | | $ 230.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Debit Card | | 08/22/2025 | $ 230.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ARKERLESS PELZER<br>8638 WARWICK LANE<br>HARRISBURG, NC 28705 | YOUTH COUNSELOR SUPERVISOR | NCDPS | | $ 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 | | 08/27/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 580.00 |
| **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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| TOBY POWELL<br>2205 DAVE THOMAS LANE<br>CHARLOTTE, NC 28214 | SUPERVISORY CONTROL SPECIALIST | WELLS FARGO | | $ 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 | | 08/30/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JAMES RAEFORD<br>16705 STOCKLAND COURT<br>HUNTERSVILLE, NC 28079 | CHARLOTTE MECKLENBURG SCHOOLS | CHARLOTTE MECKLENBURG SCHOOLS | | $ 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 | | 09/03/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JOHN REAVES<br>828 ELZABETH LANE<br>MATTHEWS, NC 28105 | MANAGEMENT CONSULTING | SELF EMPLOYED | | $ 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)* | $ 17,415.00 |

# Contributions from Individuals



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| OSEI RUBIE<br>54 ARIZONA AVE<br>LONG BEACH, NY 11561 | TITLE INSURANCE | NATION STANDARD ABSTRACT | | $ 1,500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Debit Card | | 08/15/2025 | $ 250.00 |
| ☐ | J4K | Credit Card | | 09/05/2025 | $ 1,250.00 |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| PAUL SATTERWHITE<br>1800 KILLIAN LAKES DR<br>COLUMBIA, SC 2923 | HEALTHCARE PROVIDER | ATRIUM HEALTH | | $ 150.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | J4K | Debit Card | | 08/27/2025 | $ 150.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| NASFAT SHEHADEH<br>119 CHARING CROSS DR<br>MATTHEWS, NC 28105 | PHYSICIAN | ONCOLOGY SPECIALIST OF CHARLOTTE | | $ 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 | | 09/07/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 1,900.00 |
| **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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DARYL SIMS<br>152 HERON LANE<br>BRONX, NY 10473 | LAW ENFORCEMENT OFFICER | NEW YORK STATE | | $ 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 | | 08/13/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| CHARLES STEWART<br>7710 MOORES RD<br>BRANDYWINE, MA 20613 | ENGINEER/CONSULTANT | SM AND W LLC | | $ 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 | | 09/05/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| BETSY STRUNK<br>1806 ELIZABETH AVE<br>WINSTON SALEM, NC 27103 | SALES LEADER | THURGOOD MARSHALL COLLEGE FUND | | $ 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 | | 09/02/2025 | $ 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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| NORMAN SUBER<br>3308 FRENCH WOODS RD<br>CHARLOTTE, NC 28269 | PE TEACHER | BRADFORD PREP SCHOOL | | $ 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 | | 08/30/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| PETER THOMPSON<br>1718 MALLARD COURT<br>UPPER MARLBORO, MD 20774 | EDUCATOR | PGCPS | | $ 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 | | 09/02/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DEBORAH VAVRA<br>1560 OAKWOOD AVE<br>KANNAPOLIS, NC 28081 | PUBLIC RESOURCES | ALLEN PUBLIC LIBRARY | | $ 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 | | 08/16/2025 | $ 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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| PATRICKE WARD<br>9102 EXBURY COURT<br>CHARLOTTE, NC 28269 | UNDERWRITER | CNA | | $ 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 | | 08/25/2025 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| KENNETH WIGGINS<br>14205 LAKE CROSSING DR<br>CHARLOTTE, NC 28278 | USAA | USAA | | $ 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 | | 08/27/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| SCHWANZETTA WILLIAMS<br>4049 CORY LANE<br>CHESAPEAKE, VA 23321 | VP TALENT ACQUISITION | SMITHFIELD | | $ 200.00 |

| 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 | $ 200.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 550.00 |
| **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



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 (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| P. KEVIN WILLIAMSON<br>3036 SYCAMORE POINT TRAIL<br>HIGH POINT, NC 27265 | FUNDRAISING CONSULTANT | KINETIC FUNDRAISING | | $ 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 | | 08/27/2025 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 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 |

# Disbursements



Amendment ☐ Yes ☒ No

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

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| FRIENDS OF JUSTIN LEWTER | |

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| CABARRUS COUNTY BOARD OF ELECTIONS<br>369 CHURCHN ST<br>CONCORD, NC 28027 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 60.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| J4K | Debit Card | O | 07/18/2025 | $ 60.00 | FILING FEE |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| CANVA<br>200 3 6TH ST<br>AUSTIN, TX 78701 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 111.40 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| J4K | Debit Card | A | 09/03/2025 | $ 111.40 | STICKERS |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| TIARRA DAVIS<br>3367 BRIDGEVILLE<br>RALEIGH, NC 27610 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 2,000.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| J4K | Electric Funds Tran | E | 09/04/2025 | $ 2,000.00 | |
| | | | | $ | |

| | |
|---|---|
| **5. Total only this Page** | $ 2,171.40 |
| **6. Total of ALL CRO-1310 Pages**<br>*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*<br>*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*<br>*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)* | $ 4,885.26 |

**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)**

# Disbursements



Amendment ☐ Yes ☒ No

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

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| FRIENDS OF JUSTIN LEWTER | |

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| CHRISTIAN FOSTER<br>3517 LEE HILLS DR<br>COLUMBIA, SC 29202 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 300.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| J4K | Debit Card | A | 09/07/2025 | $ 300.00 | VIDEOGRAPHER |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| KIM LEWTER<br>1832 MARY WYNN<br>KANNAPOLIS, NC 28083 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 253.17 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| J4K | Debit Card | K | 09/08/2025 | $ 253.17 | CAMPAIGN KICKOFF |
| | | | | $ | DECOR |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| MINUTEMAN PRESS<br>MCGILL AVENUE<br>CONCORD, NC 28027 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 1,226.94 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| J4K | Debit Card | B | 09/02/2025 | $ 1,226.94 | YARD SIGNS |
| | | | | $ | |

| | |
|---|---|
| **5. Total only this Page** | $ 1,780.11 |
| **6. Total of ALL CRO-1310 Pages**<br>*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*<br>*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*<br>*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)* | $ 4,885.26 |

**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)**

# Disbursements



Amendment ☐ Yes ☒ No

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

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| FRIENDS OF JUSTIN LEWTER | |

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| SAMS CLUB<br>2421 SUPERCENTER DR<br>KANNAPOLIS, NC 28083 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 170.32 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| J4K | Debit Card | F | 09/08/2025 | $ 170.32 | CAMPAIGN KICKOFF |
| | | | | $ | DECOR |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| SLANGIN BIRDS<br>N/A<br>KANNAPOLIS, NC 28083 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 300.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| J4K | Debit Card | K | 09/22/2025 | $ 300.00 | FOCUS GROUP FOR |
| | | | | $ | CAMPAIGNING |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| UNITED STATES POSTAL SERVICE<br>1040 DALE EARNHARDT BLVD<br>KANNAPOLIS, NC 28083 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 96.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| J4K | Debit Card | H | 07/18/2025 | $ 96.00 | PO BOX |
| | | | | $ | |

| | |
|---|---|
| **5. Total only this Page** | $ 566.32 |
| **6. Total of ALL CRO-1310 Pages**<br>*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*<br>*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*<br>*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)* | $ 4,885.26 |

**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)**

# Disbursements



Amendment ☐ Yes ☒ No

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

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| FRIENDS OF JUSTIN LEWTER | |

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| VIBEZ BAR AND GRILL<br>3339 CLOVERLEAF PKWY<br>KANNAPOLIS, NC 28083<br>(704) 787-9665 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 302.77 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| J4K | Debit Card | C | 09/08/2025 | $ 302.77 | CAMPAIGN KICKOFF |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| HOSTINGER WEB HOSTING<br>N/A<br>N/A<br>N/A, NC 03230 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 64.66 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| J4K | Debit Card | K | 07/29/2025 | $ 64.66 | WEBSITE AND EMAIL |
| | | | | $ | |

| | |
|---|---|
| **5. Total only this Page** | $ 367.43 |
| **6. Total of ALL CRO-1310 Pages**<br>*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*<br>*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*<br>*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)* | $ 4,885.26 |

**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)**

# Aggregated Non-Media Expenditures



Amendment ☐ Yes ☒ No

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

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| FRIENDS OF JUSTIN LEWTER | |

**3. Payee Information**

| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
|---|---|---|---|---|---|---|
| ☐ Add ☐ Remove | J4K | Debit Card | K | 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 | CHECK BOOK |
| **4. Total only this Page** | | | | | $ | 66.50 |
| **5. Total of ALL CRO-1315 Pages** *(This line must be on line 14 of Detailed Summary Page CRO-1100)* | | | | | $ | 66.50 |

**6. Purpose Codes** (List detailed expenditure code in (d) above)

| | | | |
|---|---|---|---|
| | **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* - Donations to Legal Expense Fund** |
| **O* - Other** | | | |

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