

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

I. Committee Information				
a. Full Name		c. ID Number		
Robert C. Lewis, Jr. Committee		9CE9Y8		
b. Mailing Address (include City, State and Zip Code)		d. Date Filed		
3011 BANKHEAD Drive Fayetteville, N.C. 28306		7-22-2010		
		e. Phone Number		
		426-6999		
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2010	7-15-2010	7-23-2010	Robert C. Lewis, Jr	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable check one)		State/County		Referendum
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name		

II. Account Information	
a. Financial Institution Full Name	
SECUNION	
b. Purpose	c. Account Code
Campaign	01
	d. Period Begin Balance
	\$ 0

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 undisclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections

ROBERT C. LEWIS, JR. Robert C. Lewis, Jr. 7-22-2010
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY		RECEIVED	
Date Received:	Employee: <u>BR</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	JUL 22 2010
Date Postmarked:	Employee: _____		
Date Scanned:	Employee: _____		
Date Data Entered:	Employee: _____		

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

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	
Robert C. Lewis, Jr.	Organization		
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$	\$
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$ 5,000.00	\$ 5000.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
11d) Legal-Expense Fund -Other Sources (CRO-1270)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 5000.00	\$ 5000.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 4,245.00	\$ 755.00
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,245.00	\$ 755.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 755.00	\$ 755.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 3,050.40	
24) Account Transfers Within the Committee (CRO-1720)		\$	
25) Administrative Support (CRO-1710)		\$	\$
26) Forgiven Loans (CRO-1440)		\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

Disbursements

Pg ____ of ____

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

Robert C. Lewis Jr. Comm. Hce

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

Williams Printing + Office
 Suppy
 1031 Bragg Blvd
 Fayetteville, N.C. 28301

c. Level Registered (Specify)
 Federal County:
 State Municipality: e. Election Sum to Date
 \$5000.00

f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks

01	check	B	7-15-10	\$945.00	Poll Cards
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments

Action Graphics
 1031 Bragg Blvd
 Fayetteville, N.C. 28301

c. Level Registered (Specify)
 Federal County:
 State Municipality: e. Election Sum to Date
 \$

f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks

01	check	B	7-20-2010	\$3300.00	Payment Printing signs
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments

c. Level Registered (Specify)
 Federal County:
 State Municipality: e. Election Sum to Date
 \$

f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks

				\$	
				\$	

5. Total only this Page Level Registered (Specify) \$

6. Total of ALL CRO-1310 Pages State Municipality \$

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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 O* - Other

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

Debts and Obligations Owed By the Committee

Pg ____ of ____

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card payments.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Robert E. Lewis, Jr Committee	

3. Creditor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.
Acton Graphics 1031 Bragg Blvd Fayetteville, NC 28301	
b. Description of Creditor	

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$6,350.40	\$3,300.00	\$	\$3,050.40

g. Incurred Debts (what the committee received)

g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
7-20-10	\$6,350.40	7-20-10	\$3,300.00

g3. Item Description	g3. Item Description
Signs	

g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

3. Creditor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.
b. Description of Creditor	

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$	\$	\$	\$

g. Incurred Debts (what the committee received)

g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	\$		\$

g3. Item Description	g3. Item Description

g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

4. Total only this Page (This should be the sum of all item 3f from this page)	\$
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5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)	\$
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Loan Proceeds

Pg _____ of _____

Amendment

Yes No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Robert C. Lewis, Jr. Committee		9CE9X8	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
3011 BANKhead Drive Fayetteville, N.C. 28306		Retired Principal	Loan to Self
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		N/A	7-15-10
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
%		3348-3125 61	Transfer of money - cash
			k. Amount
			\$5000.00
l. Full Name of Lending Institution			m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)		b. Job Title/Profession	c. F. Amount
			\$