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
Sheryl J. Lewis Campaign Fund	LCEA09
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
3011 Bankhead Drive Fayetteville, NC 28306	10-22-08
	e. Phone Number
	910-426-6999

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2008	7-1-08 ~~6-4-08~~	10-18-08	Deloris H Sease

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
- ☐ NC Political Party Financing Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

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	

11. Account Information

a. Financial Institution Full Name	
SECU	
b. Purpose	**c. Account Code**
Campaign Account for Receipts + Expenditures	01
	d. Period Begin Balance
	$2955.78

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.

Deloris H. Sease	Deloris H Sease	10-22-08
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: 10-22-08 Employee: Angi

Date Postmarked: Employee:

Date Scanned: Employee:

Date Data Entered: Employee:

RECEIVED OCT 22 2008

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.

Aggregated Contributions from Individuals

Page 1 of 2

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
Sheryl Lewis Campaign Fund	LCEA09

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	1	Check		7/7/08	$ 50.00
☐ Add ☐ Remove	1	Check		7/9/08	$ 50.00
☐ Add ☐ Remove	1	Check		7/10/08	$ 50.00
☐ Add ☐ Remove	1	Check		7/10/08	$ 50.00
☐ Add ☐ Remove	1	Check		7/10/08	$ 25.00
☐ Add ☐ Remove	1	Check		7/12/08	$ 50.00
☐ Add ☐ Remove	1	Check		7/12/08	$ 50.00
☐ Add ☐ Remove	1	Check		7/12/08	$ 20.00
☐ Add ☐ Remove	1	Check		7/17/08	$ 15.00
☐ Add ☐ Remove	1	Check		7/18/08	$ 20.00
☐ Add ☐ Remove	1	Check		7/18/08	$ 50.00
☐ Add ☐ Remove	1	Check		7/18/08	$ 50.00
☐ Add ☐ Remove	1	Check		7/19/08	$ 25.00
☐ Add ☐ Remove	1	Check		7/23/08	$ 25.00
☐ Add ☐ Remove	1	Check		7/23/08	$ 50.00
☐ Add ☐ Remove	1	Check		7/25/08	$ 25.00
☐ Add ☐ Remove	1	Check		7/25/08	$ 50.00
☐ Add ☐ Remove	1	Check		7/28/08	$ 50.00
☐ Add ☐ Remove	1	Check		7/28/08	$ 25.00
☐ Add ☐ Remove	1	Check		7/29/08	$ 35.00
☐ Add ☐ Remove	1	Check		8/12/08	$ 50.00
☐ Add ☐ Remove	1	Check		8/12/08	$ 50.00
☐ Add ☐ Remove	1	Cash		8/14/08	$ 50.00

4. Total only this Page $ 915.00

5. Total of ALL CRO-1205 Pages $ 1560.00

(This line must be on line 5 of Detailed Summary Page CRO-1200)

Aggregated Contributions from Individuals

Page 2 of 2

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
Sheryl Lewis Campaign Fund	LCEA09

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	1	Cash		8/14/08	$ 50.00
☐ Add ☐ Remove	1	Check		8/25/08	$ 50.00
☐ Add ☐ Remove	1	Check		8/26/08	$ 30.00
☐ Add ☐ Remove	1	Check		8/31/08	$ 50.00
☐ Add ☐ Remove	1	Check		8/31/08	$ 50.00
☐ Add ☐ Remove	1	Check		9/1/08	$ 50.00
☐ Add ☐ Remove	1	Check		9/1/08	$ 50.00
☐ Add ☐ Remove	1	Check		9/2/08	$ 50.00
☐ Add ☐ Remove	1	Check		9/11/08	$ 25.00
☐ Add ☐ Remove	1	Check		10/2/08	$ 40.00
☐ Add ☐ Remove	1	Check		10/8/08	$ 50.00
☐ Add ☐ Remove	1	Check		10/8/08	$ 50.00
☐ Add ☐ Remove	1	Check		10/8/08	$ 50.00
☐ Add ☐ Remove	1	Check		10/8/08	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 645.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1200)	$ 1560.00

Contributions from Individuals

Pg 1 of 12 | 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
Sheryl Lewis Campaign Fund	LCEA09

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
Bruce P. Jaufman 1816 Sunnyside Cr. Fayetteville, NC 28305 910-484-9802	Surgeon	Carolina Neurosurgical Services,		$ 182 00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		7/29/08	$ 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
Charles E. Smith, Jr 7057 Pitcairn Dr P.O. Box 41408 Fayetteville, NC 28309 910-423-2228	Architect	Charles Smith Associates/Designer		$ 250 00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		8/2/08	$ 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 C. Bullard 419 Owen Dr. Fayetteville, NC 28304 910-483-3436	Insurance Sales	Bullard Insurance Agency		$ 100 00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		8/6/08	$ 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)*	$ 4400.00

Contributions from Individuals

Pg 2 of 12 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
Sheryl Lewis Campaign Fund	LCEA09

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
Patricia A. Fortenberry 6865 Towbridge Rd. Fayetteville, NC 28306 910-424-9471	Retired	Retired		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		7/17/08	$ 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
J. Dary Ciccone 1109 Offshore Dr. Fayetteville, NC 28305 910-485-4559	Lawyer	J. Dary Ciccone Office		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		7/12/08	$ 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
Teresa Ammons 6495 Windy Creek Way Fayetteville, NC 28305 910-423-7234	Speech Therapy	Speech Therapy & The Bankhales		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		7/22/08	$ 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)*	$ 4400.00

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
Sheryl Lewis Campaign Fund	LCEA09

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
Ray Perry 3001 Ludgate Trail Fayetteville, NC 28306 910-425-1472	Retired	Retired		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		7/17/08	$ 50.00
☐					$
☐					$

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
Peggy Perry 3001 Ludgate Trail Fayetteville, NC 28306 910-425-1472	Retired	Retired		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		7/17/08	$ 50.00
☐					$
☐					$

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 P. Fortenberry 6865 Towbridge Rd. Fayetteville, NC 28306 910-424-9471	Retired	Retired		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		7/17/08	$ 100 00
☐					$
☐					$

4. Total only this Page	$ 200 00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4400.00

Contributions from Individuals

Pg 6 of 12 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
Sheryl Lewis Campaign Fund	LCEA09

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
Brenda Edge 6874 Towbridge Rd. Fayetteville, NC 28306 910-425-0918	Retired	Retired Educator		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cash		7/9/08	$ 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
James B. Chavis 6844 Uppingham Rd Fayetteville, NC 28306 910-424-1978	Retired	Retired Educator		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		7/10/08	$ 50.00
☐					$
☐					$

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
Judith S. Chavis 6844 Uppingham Rd Fayetteville, NC 28306 910-424-1978	Retired	Retired Educator		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		7/10/08	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 4400.00

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
Sheryl Lewis Campaign Fund	LCEA09

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
Joel A. Grunwell 6773 Surrey Rd Fayetteville, NC 28306 910-237-2200	Real Estate	Gates Four Properties		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		7/9/08	$ 50.00
☐					$
☐					$

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
Dee Dee Grunwell 6773 Surrey Rd. Fayetteville, NC 28306 910-237-2200	Real Estate	Gates Four Properties		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		7/9/08	$ 50.00
☐					$
☐					$

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 Edge 6874 Towbridge Rd Fayetteville, NC 28306 910-425-0918	Retired	Retired Educator		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cash		7/9/08	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	4400.00

Contributions from Individuals

Pg 8 of 12 | 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
Sheryl Lewis Campaign Fund	LCEA09

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
Rusty W. Stanbwytch 6844 Thames Dr. Fayetteville, NC 28306 910-425-4095	Retired	Retired		$250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		8/7/08	$ 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
Michael D. Lallier 500 Willow Bend Lane Fayetteville, NC 28303 910-483-9577	Auto Dealer/Owner	Reed Lallier Chevrolet		$500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		8/9/08	$ 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
Connie Graham 2929 Wedgeview Dr. Fayetteville, NC 28306 910-423-2198	Principal	Alma Eason Primary School		$100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		8/12/08	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 850.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4400.00

Contributions from Individuals

Pg 9 of 12

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
Sheryl Levin Campaign Fund	LCEA09

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
Judy B. Wallace 2305 Lakeland Dr. Sanford, NC 27330 919-776-4920	Retired	Housewife + Mom		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		8/18/08	$ 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
Virginia T. Oliver 2516 N. Edgewater Dr. Fayetteville, NC 28303 910-484-7701	Retired	Public Servant		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		8/19/08	$ 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	Election Sum to Date
Carolyn Armstrong 1806 Winterlochen Rd. Fayetteville, NC 28305 910-484-8705	Sales	CRA Home Building, Inc		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		8/31/08	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4400.00

Contributions from Individuals

Pg 10 of 12 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
Sheryl Lewis Campaign Fund	LCE4109

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
March F. Riddle P.O. Box 53646 Fayetteville, NC 28305 910-864-3732	Sales	Riddle Commercial Properties		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		9/6/08	$ 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
Larry Parsons 9845 McPherson Church Rd. Fayetteville, NC 28303 910-485-7029	Retired	Retired		$ 100 00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		9/4/08	$ 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
Bobby L. Knight 3764 Murphy Rd. Fayetteville, NC 28301 910-323-0023	Retired	Retired		$ 100 00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		9/17/08	$ 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)*	$ 4400.00

Contributions from Individuals

Pg 11 of 12 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
Sheryl Lewis Campaign Fund	LCEA09

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
Nettie T. Council 630 Jonglewood Dr. Fayetteville, NC 28311 910-822-0332	Retired	Retired Teacher		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		9/17/08	$ 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
David S. Pugh, Jr. 1307 Kimberly Rd. New Bern, NC 28562 252-637-5749	Retired	Retired Educator		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		9/17/08	$ 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
Kenneth B. Lewis 2910 Mirror Lake Dr Fayetteville, NC 28303 910-867-0068	Dentist	Dr. Kenneth B. Lewis, DDS		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/7/08	$ 150.00
☐					$
☐					$

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)*	$ 4400.00

Contributions from Individuals

Pg 12 of 12 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
Sheryl Lewis Campaign Fund	LCEA09

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
Carolyn Dawson 1524 Morganton Rd. Fayetteville, NC 28305 910-484-3626	Retired	Retired Educator		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/12/08	$ 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
Ed Melvin 3017 Ravenhill Dr. Fayetteville, NC 28303 910-433-2119	Self Employed	Ed's Tire + Auto Service		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/16/08	$ 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
Julie Melvin 3017 Ravenhill Dr. Fayetteville, NC 28303 910-433-2119	Retired	Retired		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10/16/08	$ 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)*	$ 4400.00

Contributions from Other Political Committees

Pg 1 of ___ Amendment ☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
Sheryl Lewis Campaign Fund	LCEA09

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Dr. Breeden Blackwell Public Fund Service 1201 Haymount Ct. Fayetteville, NC 28305 910-483-4493	☒ Candidate ☐ PAC ☐ Referendum	☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 200.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check		7/15/08	$ 200.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
	☐ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
	☐ Candidate ☐ PAC ☐ Referendum	☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 200.00

Other Receipt Sources

Pg 1 of 1

Amendment ☐ Yes ☑ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Sheryl Lewis Campaign Fund	LCEA09

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☑ Interest ☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
State Employees Credit Union P.O. Box 29606 Raleigh, NC 27626-0606 919-857-2000				$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Interest Earned		7/16/08	$ 2.50
1	Interest Earned		8/19/08	$ 3.55

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
State Employees Credit Union P.O. Box 29606 Raleigh, NC 27626-0686 919-857-2000				$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Interest Earned		9/17/08	$ 3.59
				$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
				$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$

5. Total only this Page $ 9.64

6. Total of ALL CRO-1250 Pages $ 9.64

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)

(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

Disbursements

Pg 1 of 3 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
Sheryl Lewis Campaign Fund	LCE A09

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
U.S. Postal Service Highland Finance Station Fayetteville, NC 28303 910-485-0860		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 75.60

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	I	7/15/08	$ 33.60	Stamps
1	Check	I	9/8/08	$ 42.00	Stamps

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Votes Unlimited 60 State Rd. P.O. Box 188 Ferndale, NY 12734-0188 1-800-431-1275		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 905.79

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	7/22/08	$ 905.79	5,000 Pencils
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Hope Mills Lake Committee P.O. Box 385 Hope Mills, NC 28348 910-429-1245		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	7/31/08	$ 300.00	1/2 Page Ad Hope Mill Day Advert.
				$	

5. Total only this Page $ 1281.39

6. Total of ALL CRO-1310 Pages

(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)

$ 4650.44

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)**

Disbursements

Pg 2 of 3

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
Sheryl Lewis Campaign Fund	LCEA09

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Office Depot 505 Cross Creek Mall Fayetteville, NC 28303 910-487-0900		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 271.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	8/12/08	$ 199.13	3,000 Copies B Letter to Hand out
1	Check	B	9/13/08	$ 72.31	Copy Precinct Reg. Voters

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Jack Britt High School 7403 Rockfish Rd Fayetteville, NC 28306 910-429-2800		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	9/3/08	$ 150.00	Football Program Advertisement
				$	

4. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Moore Exposure LLC 443 Franklin Street Fayetteville, NC 28301 910-486-8021		☐ Federal ☐ County: ☐ State ☐ Municipality		$ 998.11

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	9/4/08	$ 998.11	Printing of Signs
				$	

5. Total only this Page $ 1419.55

6. Total of ALL CRO-1310 Pages $ 4650.94

(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)

Disbursements

Pg 3 of 3 | 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
Sheryl Lewis Campaign Fund	LCEA09

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Southview Band Booster 4184 Elk Rd Hope Mills, NC 28348 910-425-8181		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	9/20/08	$ 150.00	Contribution
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Fayetteville Publishing Co/The Sandpiper 458 Whitfield St. Fayetteville, NC 28302 910-486-3525		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1650.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	9/23/08	$ 1650.00	Advertising in Newspaper
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Drag-in Creek Booster Club 5301 Celebration Dr. Hope Mills, NC 28348 910-424-8589		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/10/08	$ 150.00	Contribution
				$	

5. Total only this Page $ 1950.00

6. Total of ALL CRO-1310 Pages $ 4650.94

(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.)