


Statement of Organization - Candidate Committee

Amendment  
 Yes  No

**COPY**

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
ELISA ON Nov 2.			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2330 ROSEWOOD WS NC, 27103			
		e. Phone Number	
<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
M. ELISA LOVETTE			NONPARTISAN
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
2330 ROSEWOOD AVE. W-S, NC 27103			
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
M. ELISA LOVETTE			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	b. Purpose
b. Mailing Address (include City, State, and Zip Code)		c. Code	
		d. Type	
c. Phone Number	d. Email Address		
<b>CERTIFICATION</b>			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
M. ELISA LOVETTE			Nov 1, 2004
Printed Name of Signer		Signature of Appointed Treasurer	Date

RECEIVED  
 NOV 10 AM 8:21





**North Carolina  
State Board of Elections**  
506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Threshold**

**FILED BY:**

Committee Name: ELISA ON NOV 2.

Treasurer Name: ELISA LOVETTE

Treasurer Address: 2330 ROSEWOOD

(include city, state, & zip) WS, NC 27103

Treasurer Phone: \_\_\_\_\_

**Check One:**

I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

\_\_\_\_ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

Nov 1, 2004  
Date Signed

Signature



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Treasurer**

**FILED BY:**

Candidate Name: M. ELISA LOVETTE

Treasurer Name: SAME

Treasurer Address: 2330 ROSEWOOD

(include city, state, & zip) WS NC 27103

Treasurer Phone: 336.721.0383

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

Nov 1, 2004  
Date Signed

Signature of Candidate