Statement of Organization - Candidate Committee

Is	this	statement:
	New	Amended

Use this form to create a new or update an existing candidate committee.

all of the state o	ended form is required for each ne	au election veer
1. Committee Information	The state of the s	ew election year.
a. Name of Committee		d. ID Number
Iremona C. Purvis for Sc	chool Board	UCO 78K
b. Mailing Address (include City, State and Zip Code)		e. Date Organized
1527 E. 12th St WS NC	27101	12/18/25
c. Committee Website (Optional)		f. Phone Number
		336 354-8835
2. Candidate Information a. Full Name		1000 00 1 000
	e. Party Affiliation	
Iremona C. Purvis	Democrat	
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	ę
I TON TIME OL MANAGEMENT	101	- 1 /
1527 E. 12th St WSNC27101	I hourd of to	duration
c . Phone Number d. Email Address	0.000	urisdiction
336 3548835		1
☐ Email copy of report notices	2026	2
3. Treasurer Information	4. Assistant Treasurer Informa	ation 571 341
a. Full Name	a. Full Name	ation 7
AVIS Sewell		60 50
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State	e and Zin Code)
051/2 14/2 - 1 - 0.120		o marca marginary
10010 Wayantownst Wsw	רוורבו	hongs - de generating
c. Phone Number d. Email Address	c. Phone Number d. Email Addre	ess
3368179123		CS CT
Send report notices by email Ves No	E	
F C 12 CD	Email copy of report notices 6. Account Information (incl.)	CRO-3500)
out of the property of the party of the part	THE PROPERTY OF THE PARTY OF TH	
	a. Financial Institution Full Name	CRO-3500)
a. Full Name	a. Financial Institution Full Name	CRO-3300)
	a. Financial Institution Full Name	C.R.O-3300)
a. Full Name	a. Financial Institution Full Name	CAC-3300)
a. Full Name b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name	Cho-3300)
b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name	CAC-3300)
b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address	a. Financial Institution Full Name	1 / •
b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name	Kina
b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address Email copy of report notices	a. Financial Institution Full Name CUIST b. Account Code c. Type H989 Chec	King
b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address Email copy of report notices I certify that the Committee is in compliance with all applications.	a. Financial Institution Full Name CUIST b. Account Code c. Type He provisions of Article 22A of C	King
b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address Email copy of report notices I certify that the Committee is in compliance with all applicat General Statutes and that no funds are commingled with proh	a. Financial Institution Full Name CUIST b. Account Code c. Type He provisions of Article 22A of C	King
b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address Email copy of report notices I certify that the Committee is in compliance with all applicate General Statutes and that no funds are commingled with prohis report is complete, true and correct.	a. Financial Institution Full Name CUIST b. Account Code c. Type He provisions of Article 22A of C	King
b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address Email copy of report notices I certify that the Committee is in compliance with all applicate General Statutes and that no funds are commingled with prohis report is complete, true and correct. Avi S. M. Sewell 3-rus	a. Financial Institution Full Name LUIST b. Account Code c. Type LIGHT CODE ble provisions of Article 22A of Conbited or other non-disclosed functions.	King
b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address Email copy of report notices I certify that the Committee is in compliance with all applicate General Statutes and that no funds are commingled with prohitis report is complete, true and correct. Avis M. Sewell Printed Name of Treasurer Signa	a. Financial Institution Full Name LUIS b. Account Code c. Type LOGO ble provisions of Article 22A of Conbited or other non-disclosed functions attraction of Appointed Treasurer	Chapter 163 of the NC ds. I further certify that 12 18 25 Date
b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address Email copy of report notices I certify that the Committee is in compliance with all applicate General Statutes and that no funds are commingled with prohist report is complete, true and correct. Avis M. Sewell Printed Name of Treasurer I certify that the information above is correct, and I, as the cancellation of the content of t	a. Financial Institution Full Name LUIS b. Account Code c. Type LOGO ble provisions of Article 22A of Conbited or other non-disclosed functions of Appointed Treasurer didate appoint said treasurer to a	Chapter 163 of the NC ds. I further certify that 12/18/a5 Date
b. Mailing Address (include City, State, and Zip Code) c. Phone Number d. Email Address I certify that the Committee is in compliance with all applicate General Statutes and that no funds are commingled with prohithis report is complete, true and correct. Avis M. Sewell Printed Name of Treasurer I certify that the information above is correct, and I, as the candidaties and responsibilities imposed upon the appointed treasure	a. Financial Institution Full Name LUIS b. Account Code c. Type LOGO ble provisions of Article 22A of Conbited or other non-disclosed functions of Appointed Treasurer didate appoint said treasurer to a	Chapter 163 of the NC ds. I further certify that 12 18/25 Date
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Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports $\frac{1}{2}$

FILED BY:		
Committee Name:	Tremona Clurvis for School	Bear
Treasurer Name:	Avis Sewell	Con
Treasurer Address:	2516 Waughtown St	
(include city, state, & zip)	WS, NC 27107	
		and the same of th
	T .	င္မ်ာ
Treasurer Phone:	(336)817-9123	
until the end of the election expenditures during this ele of elections and file required	nittee intends to neither receive nor expend more than \$1,000 during the concedures set forth in G.S. 163-278.10A. This certification will remain in a cycle for this committee. If this committee exceeds \$1,000 in contribution cycle. I understand that I must intend the contribution cycle.	effect ons or board
I am withdrawing my (Certification to remain at or under the \$1,000 threshold. I will now be requested a local contributions and expenditures that have not been previous of the current election cycle. I further agree to file all future prorts requires	uired



Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a)

now the committee's runds are to be disb	bursed using the eight allowable methods outlined in 163-278.16B(a).
	of Elections office where the committee's campaign reports are filed.
Candidate Name:	ona Cirurus,
Committee Name: Trem	ona C. Purvis for School Boar
Treasurer Name: AVIS	Sewell
If Candidate is own treasurer, designation	gnate an agent to carry out designations:
Committee ID #: JCQ	
Level Registered: [State] Cou	inty] If county, specify: FOrsyth
funds remaining in my Campaign (hereby direct that in the event of my death or incapacity all Committee account(s) (after payment of permitted outstanding winding up the Committee or closing office) be paid in the N.C. Gen. Stat. 163-278.16B(a).
1. Name of Entity (Spicet from \$163-278-161(a)) 2.	Plan for Disbursement (eg. Amount or %) Mentag 10070
By signing this form, I certify that the Gen. Statute 163-278.16B(a). A coprecords.	the foregoing entities are eligible beneficiaries under N.C. by of this form should be maintained with the Committee
Signature of Candidate:	remong C. Kures
Date: 12	118/25
CRO-3900 Can	didate Designation of Committee Funds