. Committee Information						
. Fuil Name			4	c. ID Number		
ELISA ON A	Var 2	•				
. Mailing Address (include City, State and Zip C	Code)		•	d. Date Organ	nized	
2330 ROSEW	(001)					
· ·				e. Phone Num	ber	
WS NC, 2	403				•	
. Candidate Information		Candidate's P	imary Comm	nittee		
. Full Name		c. Candidate ID Number d. Party Affili			lation	
M. ELISA LOVE	THE	NONPAR		etisan		
. Mailing Address (include City, State, and Zip	Code)	e. Office Sought	· · · · · · · · · · · · · · · · · · ·		f. Jurisdi	ction
2330 ROSEWOO	DAVE.					
WS, NC 27103	3	(If office equality	ie nomartice	m porita "Non	norticon'	' in [d]
44-011.45	J	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)				ւու լայ
3. Treasurer Information		4. Custodian of Books Information				
ı. Full Name		a. Full Name				
M. EUSA Los	VETTE					
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 Ad	idress		
						2
i		6. Account Infor	mation (i	nci. CRO-3500)	Add	
5. Assistant Treasurer Information	Add	v. Account Intel		a. Financial Institution Full Name		
	Add Remove		ou Full Name		Rem	10107
			on Full Name		(
a. Full Name	Remove		ou Full Name		Š.	<u>.</u> С
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a. Full Name	Remove	a. Financial Institution	ou Full Name		Š.	<u>.</u> С
a. Full Name b. Mailing Address (include City, State, and Zip	Remove	a. Financial Institution	d. Type		Š.	
a. Full Name b. Mailing Address (include City, State, and Zip	Remove	a. Financial Institution b. Purpose			Š.	AM 8:
a. Full Name b. Mailing Address (include City, State, and Zip c. Phone Number d. Email Address	Remove	a. Financial Institution b. Purpose			Š.	AM 8:
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a. Full Name b. Mailing Address (include City, State, and Zip c. Phone Number d. Email Address CERTIFICATION I certify that the Committee is in compl	Code)	a. Financial Institution b. Purpose c. Code	d. Type		5	AH 8: 21
a. Full Name b. Mailing Address (include City, State, and Zip c. Phone Number d. Email Address CERTIFICATION	Code)	a. Financial Institution b. Purpose c. Code	d. Type		5	AH 8: 21
CERTIFICATION I certify that the Committee is in compl	Code)	a. Financial Institution b. Purpose c. Code	d. Type		5	AH 8: 21



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting

FILED BY:

Committee Name:
Treasurer Name:
Treasurer Address:
(include city, state, & zip)

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

Confidential

Certification of Financial Account Information

ON

Treasurer Phone:	336	721	7383		
for the above named	Committee. These account	t numbers include	. I am providing all account in e all bank accounts utilized, cr ial account used for any purpo	edit card	
The information prova court of competent provide account info	vided would only be used for jurisdiction. It will be necessity	or the purposes of essary to assign e sure reports. If an	and is not subject to public di f an audit or investigation or a ach account number a "code" account number is used as the waived.	s required by in order to	
Type of account	Financial Institution	Address	Account Number	Code	
provided \\\ \lambda v / 2004 \\ \text{Date Signed}	don't flan grunds	to sp	Signature of Treasurer		leieve
	account information, I certified. (Only candidates may		ittee will not raise of spend ar	ny money	
CRO-3500	Certification of I	inancial Account	t Information (October 2003	



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:			. l	
Committee Name:	ELISA	av_	Nov 2.	
Treasurer Name:	ELISA	LOVE	TIE	· . · · · · · · · · · · · · · · · · · ·
Treasurer Address:	2330	ROSE	WOOD	
(include city, state, & zip)	WS, N	10	27103	·
	,			·
Treasurer Phone:				
election cycle under the pro- until the end of the election expenditures during this ele- of elections and file required	cedures set forth in G.S. 16: cycle for this committee. I ction cycle, I understand th d campaign finance reports.	3-278.10A. The state of this commit that I must immediate in the state of the state	nd more than \$3,000 during the This certification will remain in tee exceeds \$3,000 in contributinediately notify the appropriate	effect ions or board
file the next scheduled repor	rt for all contributions and o	expenditures 1	threshold. I will now be require that have not been previously re le all future reports required.	ed to ported
Nov 1, 200	/		Ditte	
Date Signed		•	Signature	



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	
Freasurer Name: Freasurer Address:	SAME 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.

Data Signad

Signature of Candidate