# Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment	
Yes	□ No

This form must be	accompanied by forms CF	RO-3100 and C	RO-3500 (when am	ending, or	nly re-submit if applicable).	-
1. Committee Info	rmation					
a. Full Name					c. ID Number	
Javon	ia Lonte	lew	15			
	clude City, State and Zip Code	2)			d. Date Organized	
	edar St. n. NC 27	707			e. Phone Number	
1204 NOV	11, 100 21	/ 0 1				
2. Candidate Info	rmation	ESTER CLARESCONICA		Candid	ate's Primary Committee	
a. Full Name			e. Candidate ID Num	ber	f. Party Affiliation	
Journa	Lonte' Le	wis			(Indicate Non-partisan if applicable	e)
	clude City, State, and Zip Cod		g. Office Sought			
c . Phone Number	d. Email Address  Tlewisfor School		h. Next Election Year		olic School Booard i. Jurisdiction	of Edecati
Email copy of n	notices	1 Sowa E gr	2020			
3. Treasurer Infor			4. Custodian of B	ooks Info	rmation	
a. Full Name	mation /		a. Full Name			
Victoria 12	Kenee' Morins		Victoria	Rene	e' Moris	
	clude City, State, and Zip Code	)	b. Mailing Address (ir			
401 Berl	in Way		401 Berl	n Wo	M	1
Morrisvil		)	Morrisvi			
c. Phone Number	d. Email Address		c. Phone Number	d. Email A	Address	
203-241-9134	VRMOCHA@gmi	u). com	203-2419134	vrmo	cha agmail. com	
I prefer to receive						
5. Assistant Treasu	irer Information	Add	6. Account Inform		(incl. CRO-3500) Add	
a. Full Name		Remove	a. Financial Institution	i Full Name	Remove	
			Suntrust			
b. Mailing Address (inc	lude City, State, and Zip Code	)	b. Purpose	4800		
		erica dell'ina con de la discolaria de la la confessiona della confessiona della confessiona della confessiona	Cam	poù ex	n contributions	
c. Phone Number	d. Email Address		c. Account Code	d. Type	IN PED	
	A CONTRACTOR OF THE PROPERTY O				OCT 21 20	<b>DOM</b>
Describeration	frations	CARRY CONTRACTOR	WINZOZO		212	19
☐ Email copy o CERTIFICATION				of Types St.	DURHAM	1
I certify that the C Chapter 163 of the	committee or Fund is in con			ions of Ar prohibite	ticle 22A, 22B & 22D-22M of an other non-disclosed funds.	E
Victoria	Mounts d Name of Signer	2 Mon	nature of Appointed Trea	surer	10 21 2019 Date	



### Confidential

#### **Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or

ewis for School Board

FILED BY:

Committee Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Name:

Treasurer Phone:

savings accounts, or a	ny other financial accour	nt used for any pur	pose by the Comm	ittee.	
provided is only used Each treasurer (or	ided on this form is const for the purposes of an candidate) must design	audit or investiga	ation or as required count code (any	d by a court of compo number or letter or	etent jurisdiction.  combination of
	by which to refer to th			account number is use	d as the "account
code," confidentiality	of the account number is	presumed to have	been waived.		
	nintain all moneys of the e and shall not comming				ed exclusively by
Type of account	Financial Institution	Address		Account Number	Account Code
Checking	Suntrust	3700 N. V	horsymst.	1000 26200 906	0
ر			,		
Date Signe	tatement, I authorize age  d  Committees Only	nts of the State Bo	Loon	inspect all accounts process Candidate or Treasurer	
except that which	ng account information, th is the candidate's pers e of any personal bank ac	sonal funds. I furt	hermore understand	d that an audit or inv	end any money estigation could
By signing this s	tatement, I authorize age	nts of the State Bo	ard of Elections to		
Date Signe	d	_	Signatur	e of Candidate or Treasurer	-IN PERSO
CRO-3500	Certificatio	on of Financial Ac	count Information	L	OCT 2 1 2019 OURHAM BOE



## **Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Candidate Name:	Jovania L. Lewis
Treasurer Name:	Victoria R. Morris
Γreasurer Address:	401 Berlin Way
include city, state, & zip)	Morrisville, NC 27560
	,
Treasurer Phone:	2037741-9134
,	

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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

Date Signed

Signature of Candidate

IN PERSON

OCT 2 1 2019

DURHAM BOE



# 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).
This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.
Candidate Name: Joyania L. Lewis
Committee Name: Jovonia Lewis for School Board
Treasurer Name: Victoria Morris
If Candidate is own treasurer, designate an agent to carry out designations:
Committee ID #:
Level Registered: [State] [County] If county, specify:
(Name of Candidate) funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).  Name of Entity (Select from \$163-278.16B(a))  Plan for Disbursement (eg. Amount or %)  Signature of Candidate:  N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.  Signature of Candidate:  N. PERS  OUT 21 2009  DURHAM BOE