Statement of Organization - Candidate Committee

Is this statement: ☑ New ☐ Amended

Use this form to create a new or update an existing candidate committee.
This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

a. Name of Committee	d. ID Number
Elect Reed Lewis	9K1C4N
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
203 Mint Court, Goldsboro, N.C. 27530	7-7-2025
c. Committee Website (Optional)	**f. Phone Number**
	919-921-1019

a. Full Name	e. Party Affiliation
Michael Reed Lewis	Republican
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
203 mint court Goldsboro, N.C. 27530	Fork Township Sanitary
c. Phone Number / **d. Email Address**	**g. Next Election Year** / **h. Jurisdiction**
919 921 1019 / reedgage@gmail.com	2025 / Fork
☑ Email copy of report notices	

a. Full Name	a. Full Name
Candidate Michael Reed Lewis	
b. Mailing Address (include City, State, and Zip Code)	**b. Mailing Address (include City, State and Zip Code)**
203 mint Court Goldsboro N.C. 27534	
c. Phone Number / **d. Email Address**	**c. Phone Number** / **d. Email Address**
9149211019 / reedgage@gmail.com	Wayne County Board of Elections
Send report notices by email ☐ Yes ☐ No	☐ Email copy of report notices

a. Full Name	a. Financial Institution Full Name
Candidate	State Employees Credit Union 8/1/2025
b. Mailing Address (include City, State, and Zip Code)	Received By
c. Phone Number / **d. Email Address**	**b. Account Code** / **c. Type**
/ reedgage@gmail.com	/ Checking
☐ Email copy of report notices	

I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

Michael Reed Lewis	M. Reed Lewis	7-7-2025
Printed Name of Treasurer	Signature of Appointed Treasurer	Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Michael Reed Lewis	M. Reed Lewis	7-7-2025
Printed Name of Candidate	Signature of Candidate	Date

NORTH CAROLINA
STATE BOARD OF ELECTIONS

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 are filed.

FILED BY:

Committee Name: Elect Reed Lewis

Treasurer Name: Michael Reed Lewis

Treasurer Address: 203 Mint Court

(include city, state, & zip) Goldsboro NC 27530

Treasurer Phone: 919-921-1019

Check One:

✓ I certify that this committee intends to neither receive nor expend more than $1,000 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 $1,000 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.
THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

____ I am withdrawing my Certification to remain at or under the $1,000 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.

7-7-2025
Date Signed

M. Reed Lewis
Signature

NORTH CAROLINA
STATE BOARD OF ELECTIONS

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: Michael Reed Lewis

Committee Name: Elect Reed Lewis

Treasurer Name: Michael Reed Lewis

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: 9K1C4N

Level Registered: [State] [County] If county, specify: Wayne

I, Michael Reed Lewis (Name of Candidate), hereby direct that in the event of my death or incapacity all 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 %)
1. Boy Scouts of America	% 100
2.	
3.	

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: M. Reed Lewis

Date: 7-7-2025