

# Statement of Organization

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1. Name of Committee <b>Becky Johnson for NC House</b>				7. Date <b>3/11/02</b>	
2. Address of Committee <b>809 Clovelly Rd</b>				8. ID Number	
3. City <b>Winston Salem</b>	4. State <b>NC</b>	5. Zip <b>27106</b>	6. Phone <b>760-2435</b>	9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Type of Committee (Check one and complete the respective information required below.)					
<input checked="" type="checkbox"/> 10. Candidate Committee (If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)			<input checked="" type="checkbox"/> Primary Candidate Committee		
a. Name of Candidate <b>Rebecca (Becky) Johnson</b>	b. Candidate ID Number	c. Office <b>23rd House</b>	d. Party Affiliation <b>Dem</b>	e. Dist/Cty/Mun <b>73</b>	
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser <input type="checkbox"/> Primary Candidate Committee					
a. If Fundraiser, Name of Event		b. If Fundraiser, Event Location			
c. Candidate Names	d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits	
				%	
				%	
				%	
				%	
<input type="checkbox"/> 12. Party Committee					
a. Type (Check one) <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate			b. Party		
<input type="checkbox"/> 13. General Political Committee					
a. Category (Check one)					
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Health <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trade <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Environment <input type="checkbox"/> Insurance <input type="checkbox"/> Minority <input type="checkbox"/> Utilities <input type="checkbox"/> Religious <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Legal <input type="checkbox"/> Information Tech/Telecommunications <input type="checkbox"/> Political Party not part of the Party Plan of Organization <input type="checkbox"/> Other:					
b. Type (Check one) <input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose <input type="checkbox"/> Economic Interest			c. Definition of Type		
d. Member Definition					
Connected Organization or Affiliated Committee					
c. Name		f. Mailing Address (include city, state, & zip)		g. Relationship	
<input type="checkbox"/> 14. Referendum Committee					
a. Name of Referendum		b. Referendum Date		c. Declaration (Check one) <input type="checkbox"/> Support <input type="checkbox"/> Oppose	

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## 15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Leonara Sharpe	844 Glen Echo Trail	Winston Salem	NC	27106	336-724-6245
g. Email Address					

## 16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

## 17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

## 18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
First Citizens Bank	Robinson Rd	Winston Salem	NC	27106	[REDACTED]
g. Purpose					h. Code
g. Purpose					h. Code

## 19. Certification of Threshold (for Candidate and Party Committees Only)

☐ I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.

☐ I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.

## CERTIFICATION

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.

Rebecca (Becky) Plaxton  
Signature of Appointed Treasurer or Candidate

3/11/02  
Date



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:

Rebecca (Becky) Johnson

Treasurer Name:

Leonora Sharpe

Treasurer Address:

844 Glen Echo Trail

(include city, state, & zip)

Winston-Salem, NC 27106

Treasurer Phone:

336-926-6543 / 336-724-6245

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.

3/11/02  
Date Signed

Rebecca (Becky) Johnson  
Signature of Candidate

RECEIVED

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