

Statement of Organization

1. Name of Committee Becky Johnson for NC House				7. Date 11/3/02	
2. Address of Committee PO Box 30581				8. ID Number 336-760-7431	
3. City Winston-Salem		4. State NC		5. Zip 27130-0581	
6. Phone 336-760-7431				9. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

WITH COUNTY
BOARD OF ELECTIONS

RECEIVED

Type of Committee (Check one and complete the respective information required below.)

☒ 10. Candidate Committee
(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)

a. Name of Candidate Becky Johnson	b. Candidate ID Number	c. Office House	d. Party Affiliation Dem	e. Dist/Cty/Mun. 93
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☐ Primary Candidate Committee

☐ 11. Joint Candidate Committee or Fundraiser

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
				%
				%
				%
				%

☐ Primary Candidate Committee

☐ 12. Party Committee

a. Type (Check one) <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate	b. Party
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☐ 13. General Political Committee

a. Category (Check one)		c. Definition of Type	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Religious <input type="checkbox"/> Political Party not part of the Party Plan of Organization	<input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Health <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input type="checkbox"/> Information Tech/Telecommunications <input type="checkbox"/> Other:	<input type="checkbox"/> Trade <input type="checkbox"/> Utilities
b. Type (Check one) <input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose <input type="checkbox"/> Economic Interest			
d. Member Definition			
Connected Organization or Affiliated Committee			
e. Name	f. Mailing Address (include city, state, & zip)	g. Relationship	

☐ 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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Statement of Organization

15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Leona 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	Robin Hood Rd	WIS	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.

Becky Johnson
Signature of Appointed Treasurer or Candidate

7/31/02
Date