

# 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**

A: 1 0 1
Victor Johnson, &
Victo Cohnson, gr
2315 manchester St.
Winston seem Mc 27/2
336-722-2189

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.

3/7/06 Date Signed Signature of Candidate

#### Statement of Organization - Candidate Committee Yes Yes ☐ No 1. Committee Information . Full Name n.C. 27/05 Candidate Information ☐ Candidate's Primary Committee c. Candidate ID Number d. Party Affiliation . Full Name 240-48-3333 e. Office Sought f. Jurisdiction istuat School Book "] (If office sought is nonpartisan, write "Nonpartisan" in [d] 27105 Party Affiliation.) 4. Custodian of Books Information Treasurer Information Full Name . Full Name . Phone Number c. Phone Number d. Email Address 5. Assistant Treasurer Information 6. Account Information a. Financial Institution Full Name Remove Full Name Remove no b. Mailing Address (include City, State, and Zip Code) b. Purpose MO Nο d. Email Address c. Phone Number NO NO 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. Victor Johnson Jr. 3/47/06 Signature of Appointed Treasurer Date Victor Johnson In

CRO-2100A

NC State Board of Elections

May 2003

Amendment



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## **Certification of Threshold**

FILED BY:		
Committee Name:	formuttee to like	Let Vie Johnson
Treasurer Name:	_ Victor Johnson	Sr3
Treasurer Address:	2315 mancheste	#
(include city, state, & zip)	Winston - Lakin	M.C.27/05
		7
Treasurer Phone:	336-702-0189	
election cycle under the procuntil the end of the election cexpenditures during this election of elections and file required THIS DECLARATION CAN  I am withdrawing my Cofile the next scheduled report	nittee intends to neither receive nor expend more edures set forth in G.S. 163-278.10A. This certycle for this committee. If this committee exception cycle, I understand that I must immediately campaign finance reports.  I ONLY BE MADE AT THE BEGINNING OF certification to remain under the \$3000 threshold for all contributions and expenditures that have tent election cycle. I further agree to file all futters.	rtification will remain in effect eeds \$3,000 in contributions or y notify the appropriate board F AN ELECTION CYCLE.  d. I will now be required to e not been previously reported
3/7/06	. ( ~ . ~	





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## Confidential

# **Certification of Financial Account Information**

FILED BY:		<u></u> ^ 1	1 T	
Committee Name:	Commit	ca to tella	& Vicado	hn SON
Treasurer Name:	Victor C	ohnson; Je	,	
Treasurer Address:	2315-07	nancheste	7 1.	
(include city, state, & a	cip) Winsto	n bolem	Mil. 2	7/05
Treasurer Phone:	336-	722-218	9	
for the above named C	nation provided below is transmittee. These account a et or savings accounts, or a	numbers include all bank	accounts utilized, cre	edit card
The information provide a court of competent just provide account information	ded on this form is consider ded would only be used for urisdiction. It will be neces nation on required disclosu account number is presumed	the purposes of an audit sary to assign each account re reports. If an account	or invesugation or as int number a "code" i	n order to
confidentiality of the a			A A Nīla on	Codo
Type of account	Financial Institution	Address 7/0/ Marlein	Account Number	Code
-			Account Number	Code
-			Account Number	Code
Type of account		Address 7101 Martein Jutter King Da. 97105		
By signing this statement provided.  Date Signed  In lieu of providing account	Financial Institution  Walhovia	Address  7/0/ Marking Da.  9/05  Dictor  Signary that this committee will	as to inspect all account and account	unts
By signing this statement provided.  Date Signed  In lieu of providing account	ent, I authorize agents of the	Address  7/0/ Marking Da.  97/05  The State Board of Election  Signal  That this committee will agose this option.)	as to inspect all account and account	unts y money