## Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending only re-submit if a

Amendmen	t
☐ Yes	□ No

	ited by forms CRO-3100 and Ch	RO-3500 (when amen	iding, only	re-submit if applicable).
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a. Full Name			<b>建地地</b>	c. ID Number
Chenita Johnson	Campaign Committe	re REUL	JVEC	09-110000
b. Mailing Address (include City, S	State and Zip Code)		ersyddigaeth digyr	d. Date Organized
2411 N. Patterson				2-28-14
Winston-Salt	em, NC 27/05			e. Phone Number
				(336) 725-6203
2. Candidate Information			<b>T</b> Candida	te's Primary Committee
a, Full Name		e. Candidate ID Numbe	Paramatan dan same	f. Party Affiliation
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Chenita Duloei 2	Johnson	84-17020	16	(Indicate Non-partican if applicable
b. Mailing Address (include City, S	State and Zin Code)	g. Office Sought	Taki kasaliji kili	(Indicate ryon-particular it approach
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Winston-Salem,		Board of Ed	duca+	10n
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(336)		He INCAL EMPLEMENT		
725-6203		_	1 '	Forsyla
Email copy of notices		]		Dist.#1
3. Treasurer Information 👟		4. Custodian of Boo	oks Infor	mation .
a. Full Name	National tenther of the state o	a. Full Name		
Chenita Borber Z	Johnson	Chenita Bac	rber J	Shason
b. Mailing Address (include City, S	state, and Zip Code)	b. Mailing Address (incl	lude City, S	tate: and Zio Code)
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Winston- Salen				1, NC 27/05
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725-6203		725-6203	i	
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5. Assistant Treasurer Infor		6. Account Informa		
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b. Mailing Address (include City, St	tate, and Zip Code)	b. Purpose		
,		Campaign	Funds	<u> </u>
c. Phone Number d. Email Ac	ddress	c. Account Code	d. Type	
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CERTIFICATION			in Module	
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Chapter 163 of the NC Gene	eral Statutes and that no funds ar	re commingled with p		
	ort is complete, true and correct.			
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Chenita Wh	1750n	- An		3-10-14
Printed Name of Si	igner Sign	nature of Appointed Treasu	irei	Date
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North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603 GRSYTH COUNTY TO CHOOSE FOR CHOMS

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RECEIVED

Kim Westbrook Strach Executive Director Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

## **Certification of Treasurer**

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

FILED BY:		
Candidate Name:	Chenita Barber Johnson	
Treasurer Name:	Chenita Barber Johnson	
Treasurer Address:	2411 N. Patterson Ave.	
(include city, state, & zip)	Winston-Salem NC 27/05	
Treasurer Phone:	(336) 725-6203	
Treasurer Phone:	(336) 725-6203	_

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).

3 - 10 - 14 Date Signed Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.