

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 applicable).

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name	c. ID Number
Chenita Johnson Campaign Committee	500685 84-1702016
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
2411 N. Patterson Avenue Winston-Salem, NC 27105	2-28-14
	e. Phone Number
	(336) 725-6203

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Chenita Barber Johnson	84-1702016	Democrat (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
2411 N. Patterson Ave Winston-Salem, NC 27105	Board of Education	
c. Phone Number	d. Email Address	h. Next Election Year
(336) 725-6203		
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		Forsyth Dist. #1

3. Treasurer Information

a. Full Name
Chenita Barber Johnson
b. Mailing Address (include City, State, and Zip Code)
2411 N. Patterson Ave. Winston-Salem, NC 27105
c. Phone Number
(336) 725-6203
d. Email Address

4. Custodian of Books Information

a. Full Name
Chenita Barber Johnson
b. Mailing Address (include City, State, and Zip Code)
2411 N. Patterson Ave Winston-Salem, NC 27105
c. Phone Number
(336) 725-6203
d. Email Address

I prefer to receive notices by email ☐ Yes ☒ No

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Financial Institution Full Name
Allegacy Federal Credit Union
b. Purpose
Campaign Funds
c. Account Code
CLB
d. Type
Checking Savings

☐ Email copy of notices

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.

Chenita Johnson

Printed Name of Signer



Signature of Appointed Treasurer

3-10-14

Date



OFFICE OF THE
STATE BOARD OF ELECTIONS

North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

2014 MAR 10 PM 1:03

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 27105

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]
Signature of Candidate

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