

## Statement of Organization - Candidate Committee Use this form to create a new or undate an existing candidate committee.

٦	Yes	N

Use this form to cre	ate a new or update an existing candidate accompanied by forms CRO-3100 and of	aic committee. °PA-2500 (when ame	nding only:	e-submit if applicable)	
		CVO-2200 (Mileli gille	numg, umy i	Comment in applications.	
1. Committee Infor a. Full Name	manon (		weeks engigether 198	c. ID Number	
a. Full Name	1 1 1				
Commis	6 Joh.	Msa n	400 TA5		
	lude City, State and Zip Code)			d. Date Organized	
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16/1-0/2	27105	27105 e. Phone Number			
MAIUZAG	n-Salen, NC	71103		(m) 124 miam	
				(336) 122-2189	
2. Candidate Infor	mation		Candidate!	s Primary Committee	
a, Full Name		e. Candidate ID Numl	er	f. Party Affiliation	
,				Damarat	
1111 -	<u>-                                    </u>			Uemocrat (Indicate Non-partisan if applicable)	
Victor -	Johnson Jr.			(indicate Non-partisan if applicable)	
	lude City, State, and Zip Code)	g. Office Sought	7 1	10-1	
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Windston-	5g/en. NC 27/05	Distr	10 to 1		
c . Phone Number	d. Email Address	h. Next Election Year	i, Jı	ırisdiction	
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334722 7189		et			
Email copy of no	otices	2014			
3. Treasurer Infort	mation	4. Custodian of Bo	ooks Inform	ation	
a. Full Name		a. Full Name			
1 1					
Mictor Di	uhmson, Dr.		20		
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (in	b. Mailing Address (include City, State, and Zip Code)		
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W-S NC 27/05				[N	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Add		
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	2 Victor 6 to 1 knoth ne		<u> </u>		
I prefer to receive			☐ Email copy of notices		
5. Assistant Treasu		(6)	6. Account Information (Incl. CRO-3500) Add		
a, Full Name	Remove	a. Financial Institution	a. Financial Institution Full Name Remove		
	·	YHe/LS 1	Largo		
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
		Chingaig	N Fin	an ce	
c. Phone Number	d. Email Address	c, Account Code	d. Type		
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T Email conv.	frations	- VJ	Obec	KINA Account	
Email copy of notices  CERTIFICATION  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.					
Victor Johnson Ja. Victor Lourson J. 2/20/17 Printed Name of Signer Signature of Appointed Treasurer Date					
Finited Name of Signal					

AND COLLOWICHS

2014 FEB 20 AM 10: 11

RECEIVED



COPY

## North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

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:	, 1
Candidate Name:	Victor Johnson Jr.
Treasurer Name:	Victor Johnson Jr.
Treasurer Address:	2315 Manchester St.
(include city, state, & zip)	Winston- Salen MC 27105
Treasurer Phone:	(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. 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).

2/20/14 Date Signed Victor Johnson J.
Signature of Candidate

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