

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 resubmit if applicable).

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name

Chenita Johnson Campaign Committee

FD Number

84-1702016

b. Mailing Address (include City, State and Zip Code)

2411 N. Patterson Avenue
Winston-Salem, NC 27105

c. Date Organized

2-28-2018

e. Phone Number

(336)
725-6203

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

Chenita Barber Johnson

e. Candidate ID Number

84-1702016

f. Party Affiliation

Democrat

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

2411 N. Patterson Ave
Winston-Salem, NC 27105

g. Office Sought

Board of Education

c. Phone Number

(336) 978-7594
~~725-6203~~

d. Email Address

h. Next Election Year

i. Jurisdiction

Forsyth Co.
District 1

☐ Email copy of notices

3. Treasurer Information

a. Full Name

Chenita Barber Johnson

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

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

c. Phone Number

Same

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

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Financial Institution Full Name

Allogay

b. Mailing Address (include City, State, and Zip Code)

b. Purpose

Campaign

c. Phone Number

d. Email Address

c. Account Code

CT2018

d. Type

Checking Account

☐ 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 Barber Johnson

Printed Name of Signer



Signature of Appointed Treasurer

3-9-2018

Date



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

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Cherita Johnson Campaign Committee
Treasurer Name: Cherita Barber Johnson
Treasurer Address: 2911 N. Patterson Ave
(include city, state, & zip) Winston-Salem, NC 27105

Treasurer Phone: (336) 725-6203

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

3-9-2018
Date Signed

[Signature]
Signature



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

Certification of Treasurer

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

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

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).

3-9-2018

Date Signed

[Signature]
Signature of Candidate