

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

Is this statement:

☐ New

☒ Amended

1. Committee Information

a. Name of Committee

Cherita Johnson Campaign Committee

d. ID Number

84-1702016

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

2411 N. Patterson Ave Winston-Salem, NC 27105

e. Date Organized

3-10-2022

c. Committee Website (Optional)

f. Phone Number

(336)978-7541

2. Candidate Information

a. Full Name

Cherita Barber Johnson

e. Party Affiliation

Democrat

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

2411 N Patterson Ave
Winston-Salem, NC 27105

f. Office Sought

Board of Education

c. Phone Number

(336)978-7541

d. Email Address

CheritaJohnson@hotmail.com

g. Next Election Year

2022

h. Jurisdiction

Forsyth County
District 1

☒ Email copy of report notices

3. Treasurer Information

a. Full Name

Cherita Barber Johnson

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

2411 N. Patterson Ave
Winston-Salem NC 27105

c. Phone Number

(336)978-7541

d. Email Address

CheritaJohnson@hotmail.com

Send report notices by email

☐ Yes

☒ No

5. Custodian of Books Information (Keeper of Records)

a. Full Name

Cherita Barber Johnson

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

2411 N. Patterson Ave
Winston-Salem, NC 27105

c. Phone Number

(336)978-7541

d. Email Address

CheritaJohnson@hotmail.com

☐ Email copy of report notices

4. Assistant Treasurer Information

a. Full Name

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

c. Phone Number

d. Email Address

☐ Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

Allegacy

b. Account Code

CJ3

c. Type

Checking Account

Amended

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Cherita Barber Johnson

Printed Name of Treasurer

Signature of Appointed Treasurer

Date

4-14-2022

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Cherita Barber Johnson

Printed Name of Candidate

Signature of Candidate

Date

4-14-2022