Statement of Organization - Candidate Committee Is this statement: Amended 3 New 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 1. Committee Information a. Name of Committee d. ID Number Johnson For District b. Mailing Address (include City, State and Zip Code) e. Date Organized c. Committee Website (Optional) f. Phone Number 980 216 4850 2. Candidate Information a. Full Name e. Party Affiliation Kicky Vernard Johnson JR Democrat b. Mailing Address (include City, State, and Zip Code) . Office Sought Winston Salem / Forsyth County 2709 Old Greensboro Rd. WS, NC 27101 Board of Education District 1 c . Phone Number d. Email Address 980 2164850 Ricky vernardjo hnsonje@ District 1 gmail, com 2022 Email copy of report notices 3. Treasurer Information 4. Assistant Treasurer Information a. Full Name a. Full Name DR. Willette Nash Kicky Johnson JR b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State and Zip Code) 2709 Old Greensboro Rd. 1750 Beeson Park Lane Kernersville, NC 27284 WS, NC 2710 d. Email Address c. Phone Number c. Phone Number d. Email Address 9802164850 Ricky Vernardjohnson, Rogmail.com 336 993669 Willettenash 7@gmailon Send report notices by email Email copy of report notices ☐ Yes 5. Custodian of Books Information (Keeper of Records) 6. Account Information (incl. CRO-3500) a. Financial Institution Full Name Mechanics And Farmers Bank R. Britteny Clinton b. Mailing Address (include City, State, and Zip Code) 770 Martin Luther King DR. 1065 Stafford Place Circle Aptso WS, NC 27127 WS, NC 27101 c. Phone Number d. Email Address b. Account Code 336 6871114 DROCLINTON @gmail.com Commercial Community Checking Email copy of report notices 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. A. Nash 1ette Printed Name of Treasurer Signature of Appointed Treasurer 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. Kicky Johnson (

CRO-2100A

Printed Name of Candidate

Signature of Candidate



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.

are filed.		
FILED BY:		
Committee Name:	Join Johnson For District 1	
Treasurer Name:	DR. Willette Nash	
Treasurer Address:	1750 Berson Park Lane	
(include city, state, & zip)	Kernersville, NC 27284	
Treasurer Phone:	336 993 6649	
election cycle under the pro- until the end of the election expenditures during this elec- of elections and file required THIS DECLARATION CAI	nittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.	
Date Signed	Signature	
3/11/2007	Wellette a. hash	



Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278 16B(c)

	now the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).			
This Designation is filed	l at the Board of Elections of	fice where the committee's campaign reports are filed.		
Candidate Name:	Ricky "Ligh	Houlb" Johnson dr		
Committee Name:				
Treasurer Name:				
If Candidate is own tr	reasurer, designate an age	nt to carry out designations:		
Committee ID #:				
Level Registered:	[State] [County] If count	ty, specify:		
debts or reasonable e	y Campaign Committee a	t that in the event of my death or incapacity all account(s) (after payment of permitted outstanding the Committee or closing office) be paid in that. 163-278.16B(a).		
Name (Select from §	of Entity §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)		
1. Action 4E	-0 - 11	1000		
I. NOTTOTOTIC	SOUTO	10000		
2				