Statement of Organization - Candidate Committee

Is	this	statement:
X	New	☐ Amended

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			
Johanna Brown for Commiss	Sinner			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized			
P.O. Box1 Bethania NC 27010	7-10-23			
c. Committee Website (Optional)				
	f. Phone Number			
N/A	336-749-0213			
2. Candidate Information				
a. Full Name	e. Party Affiliation			
Johanna M. Brown	Republican 3: 5-			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought			
P.O. Boxi Bethania NC 27010	Mepublican f. Office Sought Town Commissioner, Bethama, No.			
c . Phone Number d. Email Address	g. Next Election Year h. Jurisdiction			
336-749-043 Johannametzgarbrown Egnail	**************************************			
Email convert metion	2023 Bethania No			
☐ Email copy of report notices 3. Treasurer Information	Total Total			
a. Full Name	4. Assistant Treasurer Information (A)			
Johanna M. Brown				
	Johanna Brown			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)			
P.O. Boxi Bethania NC 27010	P.O. Box 1 Bethania NC			
c. Phone Number d. Email Address	c. Phone Number d. Email Address			
336-749-0213 Shrown @oldsalem.org	336-749- Johanna metzgar brown 0213 gmait. com			
Send report notices by email Yes No	Eman copy of report notices			
5. Custodian of Books Information (Keeper of Records) a. Full Name	6. Account Information (incl. CRO-3500)			
	a. Financial Institution Full Name			
Johanna Brown	Allegacy Federal Credit Union			
b. Mailing Address (include City, State, and Zip Code)	3 /-			
P.O. Box 1 Bethania NC 27010	1910 N. Peace Haven Rd WS NC 27106			
c. Phone Number d. Email Address	b. Account Code c. Type			
336-749-0213 Johanna metzgar brown @ 9 ma	1, TX//A 1 1/A			
Email copy of report notices	N/A			
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. Johanna M. Brown Market Ma				
Johanna M. Brown Johanna M. Brown 7-10-202				
Printed Name of Candidate	Signature of Candidate Date			
CRO-2100 A				



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

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

FILED BY:		
Committee Name:	Johanna Brown for Commissioner	
Treasurer Name:	Johanna Brown	
Treasurer Address:	P. O. Box 1	
(include city, state, & zip)	Bethania NC 27010	202
		<u>C</u>
Treasurer Phone:	336-749-0213	P
Check One:	2 4 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	73
until the end of the election	mittee intends to neither receive nor expend more than \$1,000 during the coccdures set forth in G.S. 163-278.10A. This certification will remain in cycle for this committee. If this committee exceeds \$1,000 in contribution cycle, I understand that I must immediately notify the appropriate	effect

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.

7 - 10 - 23

Date Signed

of elections and file required campaign finance reports.

Shanna MBlown
Signature



Candidate Designation of Committee Funds

how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).						
This Designation is filed	at the Board of Elections office where the committee's campaign reports are filed.					
Candidate Name:	Johanna M. Brown					
Committee Name:	Johanna Brown for Commissioner					
Treasurer Name:	Johanna M. Brown					
Treasurer Name: Johanna M. Brown If Candidate is own treasurer, designate an agent to carry out designations: Jennifer Waro						
Committee ID #:						
Level Registered: [State] [County] If county, specify:						
I, Solution M. Brown, hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a). Name of Entity (Select from \$163-278.16B(a)) Plan for Disbursement (eg. Amount or %) 1. Town of Bethania NC (00°/2) 2						
Gen. Statute 163-278. records.	16B(a). A copy of this form should be maintained with the Committee					
Signature of Candidate						
Date:	0 7-18-23					
CRO-3900	Candidate Designation of Committee Funds					

Candidate Designation of Committee Funds