

Statement of Organization - Candidate Committee

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Andrew Johnson		RECEIVED	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
3410 Kirkles Rd. Winston Salem, NC 27104		7-18-13	
		e. Phone Number	
		336-466-1991	
2. Candidate Information			
		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	f. Party Affiliation
Sam Andrew Johnson		DCQ8II	Republican (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
5580 Bridgegate Dr. Winston Salem, NC 27106		City Council West Ward	
e. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-466-1991	Vote Andrew@yahoo.com	2013	Winston-Salem, Forsyth
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Sam Andrew Johnson			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
5580 Bridgegate Dr. Winston-Salem, NC 27106			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-466-1991			
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	b. Purpose
		Wells Fargo	General Funds - Campaign
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
		A1	Checking
<input type="checkbox"/> 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.			
Sam Andrew Johnson		Sam Andrew Johnson	7-25-13
Printed Name of Signer		Signature of Appointed Treasurer	Date



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

2013 JUL 26 PM 2:17
 RECEIVED

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:

Candidate Name: Sam Andrew Johnson
 Treasurer Name: Sam Andrew Johnson
 Treasurer Address: 5580 Bridgegate Dr.
 (include city, state, & zip) Winston Salem, NC 27106

Treasurer Phone: 336-466-1991

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).

7-25-13
 Date Signed

Sam Andrew Johnson
 Signature of Candidate

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



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Raleigh, NC 27603

2013 JUL 25 PM 2:17
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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(a).

Candidate Name: Sam Andrew Johnson

Committee Name: Committee to Elect Andrew Johnson

Treasurer Name: Sam Andrew Johnson

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: DCQ8II

Level Registered: [State] [County] If county, specify: _____

I, Sam Andrew Johnson, hereby direct that in the event of my death or incapacity all
(Name of Candidate)

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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Forsyth County Republican Party</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Sam Andrew Johnson

Date: 7-25-13

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