Statement of Organization - Candidate Committee

Is this s	tatement:	
☐ New	Amende	d

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 Camerallia Y C							
1. Committee Infor	mation			d ID N	umber	17.73	
a. Name of Committee				d. ID Number			
Chenita Johnson Campaign Committee b. Mailing Address (include City, State and Zip Code)				e. Date Organized			
2411 N G	erson Aue Winston-S	alem NC 2710	7 5	e. Date Organizeu			
		7,80,000					
c. Committee Website (Optional)		f. Phone Number			- //	
				(336)	978-75	541	
2. Candidate Inform	mation			1 1 1			
a. Full Name		e. Party Affiliation					
Chenita Barber Johnson		Democrat					
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought					
2411 N. Patterson Ave		Board of Education					
Winston-S	alem, NC27105	500000	C 01 11				
c . Phone Number	d. Email Address	g. Next Election Year		h. Jurisdictio	n		
(334) 7541				For syt	-h co		
☐ Email copy of re	port notices	-		Distr	ct 1		
3. Treasurer Inform	nation	4. Assistant Treas	surer Info	rmation		-	
a. Full Name		a. Full Name			-	S 177	
Chenita Barb	per Johnson				71 2	BOARD	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)					
2411 N. Pat	terson Ave.				0 1	~	
Winston-S	alem, NC 27105				question	12	
c. Phone Number	d. Email Address	c. Phone Number	d. Email	Address		<u>U</u>	
					E 0 1	= =	
Send report no	tices by email Yes No	Email copy of	Email conv of report notices				
			6. Account Information (incl. CRO-3500)				
a. Full Name	Full Name a. Financial Institution Full Name						
Chenita Bo	urber Johnson	Allesacy	Ailesacy				
b. Mailing Address (incl	ude City, State, and Zip Code)						
2411 N. Pat	terson Ave						
	alem, NC 27/05						
	d. Email Address	b. Account Code	c. Type				
(336)978-7541		150		King Acc	unt		
☐ Email copy of re	eport notices	123		7		- 1	
	-F					$\overline{}$	
Leertify that the Co	ommittee is in compliance with all appl	icable provisions of A	Article 22 A	of Chapter	. 163 of the	n NC	
	ad that no funds are commingled with p	-		-			
	lete, true and correct.	TOMOTOR OF OWNER HOL		- 1011001 7 1		2, 12.01	
Chenita Birber Johnson 18. Estar Jun 3-10-2022							
Printed Name of Treasurer Signature of Appointed Treasurer Date							
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 Gener			L			×	
Chin to B. Thoras 3-10-2020				V 22			
Drintad 1	Name of Candidate	Signature of Candidat	Α.		Date	ad	
rimed	THEIR OF CARMINATE	Signature of Candidat			Date		



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:	Chenita Johnson Campaign Committee			
Гreasurer Name:	Chenita Barber Johnson			
Гreasurer Address:	2411 N. Patterson Ave.			
include city, state, & zip)	Winston-Salem NC 27105			
Гreasurer Phone:	(336) 978-7541			
Check One: 1 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.				
	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.			
3-10-2022	I de m			
Date Signed	Signature			



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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed. Candidate Name: Committee Name: Treasurer Name: If Candidate is own treasurer, designate an agent to carry out designations: <u>Gaul S. Johason</u> 84-17020/6 Committee ID #: [State] [County] If county, specify: Winston-Sylen NC Figure (3 Level Registered: I, ChentaBake John, 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). Name of Entity Plan for Disbursement (eg. Amount or %) (Select from §163-278.16B(a)) 1. Nuphors for Better Weybordeds All B 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: Date: