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### Statement of Organization - Candidate Committee

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		the state of the state of the state of the	
a. Full Name		c. ID Number	
Comm. HEE to Elect Joycelyn b. Mailing Address (include City, State and Zip Code)	Johnson-		
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2426 Edison Ct.		4/6/2012	
Minston - Salim, NC. 27101		e. Phone Number	
Winston - Oatom, 100.0	,,	336724.2971	
2. Candidate Information	🗖 Candidati	e's Primary Committee. 😒 😒	
a. Full Name	e, Candidate ID Number	f. Party Affiliation	
Joyestyn VERnette Johnson		DEMUCRAT. (Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought		
2426, Edison Ct. Winston-Sahm, N.C. 27101	City Council 1	Member Eut Funder	
Chang Number d Email Address	h, Next Election Year	Iurisdiction	
336724.2971 joyestyn johnson Email copy of notices	2013	Minster-Salan	
$\Box$ Email copy of notices $\int \mathcal{O}\sqrt{2}W$ . $b/b\mu\mu$	(net		
5. 1 reasurer mitormation	TANE USEOGRAM OF DOVRS ANTOTA	nation	
a. Full Name of the second state of the second	a. Full Name		
HORACL A. Sonner	HORACE A. Bon		
	b. Mailing Address (include City, St		
4960 N. Cherry St. Winston- Sulim, N.C. 27105	4960 N. Chan Winston - Salan		
c. Phone Number d. Email Address	c. Phone Number d. Email Ad		
336744.0438 desily bonner Qad.com		NONNE-94 637 MAILICIA	
	Email copy of notices		
5. Assistant Treasurer Information Add	6. Account Information (m	ol. CRO-3500)	
a. Full Name	a. Financial Institution Full Name	7 Remove	
	Non's at this	fims	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	2	
		RC SAR	
c. Phone Number d. Email Address	c. Account Code d. Type	m or i	
		$\leq$ $\approx$	
Email copy of notices	1	- ω	
CERTIFICATION	n Sector de la companya de la companya de la	o ja	
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.			
A total Alexander Hilling			
Joycolyn Y Johnson // ou	aug to Onto	$-\frac{11712013}{11712013}$	
Printed Name of Signer Sig Horace A. Bonner Sig	nature of Appointed Treasurer	· / Date	
CRO-2100A NC State Boa	rd of Elections	July 2011	

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### North Carolina State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting 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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

	Joyeshyn V Johnson	
	Horace Bonner	
	4960, N. Cherry St	
p)	M. nshon- Salam, NG 27105	
•		2
	IJ	میسید. (ریابی) جاری (
	336744-8438	20 20

Treasurer Phone:

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).

5 Hpr. / Zol3 Date Signed

Signature of Candidate

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

CRO-3100

Certification of Treasurer





North Carolina State Board of Elections 506 N Harrington Street Raleigh, NC 27603

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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:

Committee Name:

Treasurer Name:

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

[State] [County] If county, specify:\_

1.1.1

Committee ID #:

Level Registered:

I,  $\frac{\int \partial f c_{S} / f_{M}}{\int \int \partial h d_{M} f_{M}}$ , 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 §163-278.16 <b>B</b> (a)) / /	
1. Campais Conprobudores	70% an
2. Mars Hill Broth Church	20%
3. FRIEnds of ODD Fellows	72

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:

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

CRO-3900

Candidate Designation of Committee Funds

June 2007