

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).

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

1. Committee Information

a. Full Name	c. ID Number
Committee To Elect Lynne Johnson	9CQXDP
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
2175 Denise Lane Winston-Salem, NC 27127	12-18-15
	e. Phone Number
	336-785-2969

2. Candidate Information

☐ Candidate Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Lynne Griffin Johnson	9CQXDP	Democrat
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
2175 Denise Ln. Winston-Salem, NC 27127	Register of Deeds	
c. Phone Number	h. Next Election Year	i. Jurisdiction
336-970-1202		
d. Email Address		
brantor@yahoo.com		
<input type="checkbox"/> Email copy of notices		

3. Treasurer Information

4. Custodian of Books Information

a. Full Name	a. Full Name
Lynne Griffin Johnson	Lynne Griffin Johnson
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
2175 Denise Ln Winston-Salem, NC 27127	2175 Denise Ln Winston-Salem, NC 27127
c. Phone Number	c. Phone Number
336-970-1202	336-970-1202
d. Email Address	d. Email Address
brantor@yahoo.com	brantor@yahoo.com
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Email copy of notices	

5. Assistant Treasurer Information

6. Account Information

a. Full Name	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
c. Phone Number	c. Account Code
d. Email Address	d. Type
<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.

Lynne Griffin Johnson
Printed Name of Signer

Lynne Griffin Johnson
Signature of Appointed Treasurer

12-27-15
Date



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

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

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:

Committee to Elect Lynne Johnson

Treasurer Name:

Lynne Johnson

Treasurer Address:

2175 Denise Ln

(include city, state, & zip)

Winston-Salem, NC 27127

Treasurer Phone:

336-970-1202

Check One:

☐ I 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.

☒ 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.

12-22-2015

Date Signed

Lynne Johnson

Signature



North Carolina
State Board of Elections

441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name:

Lynne Johnson

Treasurer Name:

Lynne Griffin Johnson

Treasurer Address:

2175 Denise Ln

(include city, state, & zip)

Winston-Salem, NC 27127

Treasurer Phone:

336-970-1202

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).

12-21-15

Date Signed

Lynne Johnson

Signature of Candidate