

# Statement of Organization - Candidate Committee

Amendment  
 Yes  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 Jillian Johnson		47-4317286	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
902 Arnette Ave. Durham, NC 27701		6/19/2015	
		e. Phone Number	
		919-259-4518	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Jillian Johnson			Democrat <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
902 Arnette Ave., Durham NC 27701		city council	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919-259-4518	jillianlovesdurham@gmail.com	2015	Durham
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Melissa Norton			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
102 Wall St. Durham, NC 27701			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-485-9329	melissanorton37@gmail.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 <small>(incl. CRO-3500)</small>	
a. Full Name		<input type="checkbox"/> Add	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove	<input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		IN PERSON JUN 22 2015 DURHAM BOE	
c. Phone Number	d. Email Address	c. Account Code	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.			
Jillian Johnson			6/22/2015
Printed Name of Signer		Signature of Appointed Treasurer	Date



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

IN PERSON

JUN 24 2015

DURHAM BOE

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: Jillian Johnson

Treasurer Name: Melissa Norton

Treasurer Address: 102 Wall St.

(include city, state, & zip) Durham, NC 27701

Treasurer Phone: 919-485-9329

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).

6/24/2015  
 Date Signed

Melissa Norton  
 Signature of Candidate

FILE COPY



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

IN PERSON

JUN 24 2015

DURHAM BOE

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
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(919) 733-7173

**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: Jillian Johnson

Committee Name: Committee to Elect Jillian Johnson

Treasurer Name: Melissa Norton

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

Committee ID #: \_\_\_\_\_

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

I, Jillian 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>Southern Vision Alliance</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: Melissa Norton

Date: 6/24/2015