

# 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).

<b>1. Committee Information</b>					
a. Full Name <i>COMMITTEE MICHAEL JOHNSON</i> <b>MICHAEL CAPPELL JOHNSON</b>			c. ID Number		
b. Mailing Address (include City, State and Zip Code) <b>1010 WASHINGTON STREET DURHAM, N.C. 27701</b>			d. Date Organized <b>4-17-17</b>		
			e. Phone Number <b>919-519-0174 0174</b>		
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name <b>MICHAEL JOHNSON</b>		e. Candidate ID Number		f. Party Affiliation <b>Dem.</b> <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code) <b>1010 WASHINGTON STREET MAYOR</b>		g. Office Sought			
c. Phone Number <b>9195190174</b>	d. Email Address		h. Next Election Year <b>11-17</b>	i. Jurisdiction	
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name <i>COMMITTEE MICHAEL JOHNSON</i>			a. Full Name		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code) <b>DURHAM BOE</b>		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Email copy of notices		
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information</b> (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name <b>P. W. C. Bank</b>		b. Purpose <b>COMMITTEE FUNDS</b>
b. Mailing Address (include City, State, and Zip Code)			c. Account Code <b>1-A</b>		
c. Phone Number	d. Email Address		d. Type <b>Account 1A</b>		
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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.					
<i>MICHAEL JOHNSON</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer		<b>4-17-17</b> Date	