

# Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended

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.

<b>1. Committee Information</b>							
a. Name of Committee <i>Committee to Elect</i> <i>MICHAEL C. JOHNSON</i>						d. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>302 MTCOY STREET DUNHAM, N.C.</i>						e. Date Organized	
c. Committee Website (Optional) <i>Dunham, N.C. N/A M.C.</i>						f. Phone Number	
<b>2. Candidate Information</b>							
a. Full Name <i>MICHAEL C. JOHNSON</i>				e. Party Affiliation			
b. Mailing Address (include City, State, and Zip Code) <i>302 MTCOY STREET</i>				f. Office Sought			
c. Phone Number <i>919-667-4420</i>		d. Email Address		g. Next Election Year		h. Jurisdiction	
<input type="checkbox"/> Email copy of report notices							
<b>3. Treasurer Information</b>				<b>4. Assistant Treasurer Information</b>			
a. Full Name <i>MICHAEL JOHNSON</i>				a. Full Name			
b. Mailing Address (include City, State, and Zip Code)				b. Mailing Address (include City, State and Zip Code)			
c. Phone Number		d. Email Address		c. Phone Number		d. Email Address	
<input type="checkbox"/> Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>5. Custodian of Books Information (Keeper of Records)</b>				<b>6. Account Information (incl. CRO-3500)</b>			
a. Full Name <i>IN-PERSON</i>				a. Financial Institution Full Name <i>WFA</i>			
b. Mailing Address (include City, State, and Zip Code) <i>JAN 31 2025</i>				b. Account Code <i>WFA</i>			
c. Phone Number		d. Email Address <i>Dunham County BOE</i>		c. Type <i>WFA</i>			
<input type="checkbox"/> Email copy of report notices							
I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.							
_____ 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 General Statutes.							
_____ Printed Name of Candidate <i>MICHAEL C. JOHNSON</i>				_____ Signature of Candidate		_____ Date <i>1-31-25</i>	