

# Statement of Organization - Candidate Committee

Is this statement:



New



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.

## 1. Committee Information

a. Name of Committee	d. ID Number
Committee to Elect Lynne Johnson	9CQXDP
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
2175 Denise Ln Winston-Salem, NC 27127	12-2-2019
c. Committee Website (Optional)	f. Phone Number

## 2. Candidate Information

a. Full Name	e. Party Affiliation		
Lynne Griffin Johnson	Democrat		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
2175 Denise Ln Winston-Salem NC 27127	Register of Deeds		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-785-2969	brantorr@yahoo.com		
<input type="checkbox"/> Email copy of report notices			

## 3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
Lynne Griffin Johnson	2175 Denise Ln Winston-Salem, NC
c. Phone Number	d. Email Address
336-785-2969	brantorr@yahoo.com
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 4. Assistant Treasurer Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	b. Account Code	c. Type

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.

Lynne Griffin Johnson  
Printed Name of Treasurer

Lynne Griffin Johnson  
Signature of Appointed Treasurer

12-10-2019  
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.

Lynne Griffin Johnson  
Printed Name of Candidate

Lynne Griffin Johnson  
Signature of Candidate

12-10-19  
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 Winston-Salem, NC 27127  
(include city, state, & zip)

Treasurer Phone: 336-785-2969

#### 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.

12-10-2019  
Date Signed

Lynne Johnson  
Signature



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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).

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

Candidate Name: Lynne Johnson

Committee Name: Committee to Elect Lynne Johnson

Treasurer Name: Lynne Griffin Johnson

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

Committee ID #: 9CQXDP

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

Lynne Johnson  
(Name of Candidate)

\_\_\_\_\_, hereby direct that in the event of my death or incapacity all 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  
(Select from §163-278.16B(a))

Plan for Disbursement (eg. Amount or %)

1. \_\_\_\_\_
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: Lynne Johnson

Date: 12-10-2019