

# 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.

<b>1. Committee Information</b>			
a. Full Name Bishop Malcolm Johnson		c. ID Number 5CDBUm	
b. Mailing Address (include City, State and Zip Code) PO Box 758 Dover, NC 28526		d. Date Organized 2-10-2010	
		e. Phone Number 252-525-0034	
<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Malcolm Stuart Johnson		c. Candidate ID Number	d. Party Affiliation Dem
b. Mailing Address (include City, State, and Zip Code) PO Box 758 Dover, NC 28526		e. Office Sought County commissioner	
		f. Jurisdiction 2 <i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name Malcolm Johnson		a. Full Name n/a	
b. Mailing Address (include City, State, and Zip Code) PO Box 758 Dover, NC 28526		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 252-525-0034	d. Email Address msjbean1@netzero.net	c. Phone Number	d. Email Address
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> <i>(incl. CRO-3500)</i>	
a. Full Name n/a		a. Financial Institution Full Name RBC centura	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign	
c. Phone Number	d. Email Address	c. Account Code 1	d. Type Checking
<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.			
Malcolm S Johnson Printed Name of Signer		Malcolm Johnson Signature of Appointed Treasurer	
		2/10/10 Date	