Statement of Organization - Candidate Committee

Is this	statem	ent:
☐ Nev		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				
Class Has L. Colors Mrs. 1. Til	1	nani				

a. Name of Committee	d. ID Number			
Committee to Elect Amar	Ida Johnson-Anth 2CQ16L			
o. Maning Address (include City, State and Zip Code)	// le. Date Organized			
855 Bitting Hall Dr Kuy	al HAII NC27045 11/20/2025			
c. Committee Website (Optional)	f. Phone Number			
amanda for town council. C 2. Candidate Information	om 336-577-66			
a. Full Name	e. Party Affiliation			
Amanda Johnson-Anthom	e. rarty Ammadun			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought			
855 Bitting Hall Dr NC2701	Council (Amended)			
c. rhune Number G. Email Address	Ig. Next Election Year 200 h. Jurisdiction			
336-577-6684 Your Council woman				
Email cany of report notices	Janthony Egmail. con Kural Hall			
3. Treasurer Information	4. Assistant Treasurer Information			
a. Full Name	a. Full Name			
Ashley Yours	Margre Johnson			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zin Code)			
SO14 Woods boro Ln WSNC 27105	784 Laverton Ln Rural HAT			
e. I none l'unioci u. Elitati Auti (55	c. Phone Number 33 d. Email Address			
336-	0 10 99012 -			
978-3138 Jour ouncil woman a janth	egmal. com 1 0733 NIA			
Send report notices by email Yes No	Email copy of report notices			
5. Custodian of Books Information (Keeper of Records) a. Full Name	6. Account Information (incl. CRO-3500)			
- 1 1 1	a. Financial Institution Full Name			
Dr. James Johnson Jr	M&F S N			
b. Mailing Address (include City, State, and Zip Code)	and the second s			
6604 Heron Neck Dr	and the second			
Apt E, In 46217	La Co			
c. Phone Number d. Email Address	b. Account Code c. Type			
336-624-4430 JAT40@ IU. Edu				
Email copy of report notices	1001 Checkman			
	Overen			
I certify that the Committee is in compliance with all applications				
General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that				
denotal statutes and that no funds are commingled with pro	able provisions of Article 22A of Chapter 163 of the NC hibited or other non-disclosed funds. I further certify that			
this report is complete, true and correct.	able provisions of Article 22A of Chapter 163 of the NC hibited or other non-disclosed funds. I further certify that			
this report is complete, true and correct. Oung	hibited or other non-disclosed funds. I further certify that			
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this report is complete, true and correct. Ounce Printed Name of Treasurer Significant Significant Printed Name of Treasurer Significant Printed	hibited or other non-disclosed funds. I further certify that 11 20 20 25			
I certify that the information above is correct, and I, as the car	hibited or other non-disclosed funds. I further certify that 1			
this report is complete, true and correct. Ounce Printed Name of reasurer Significant Significant Printed Name of Pressurer Significant Printed N	hibited or other non-disclosed funds. I further certify that 1			
I certify that the information above is correct, and I, as the calculates and responsibilities imposed upon the appointed treasure	hibited or other non-disclosed funds. I further certify that 1			

CRO-2100A

NC State Board of Elections

November 2019



Amended

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:	A	
Committee Name:	Committee to Elect Amanda Joh	10 son -/1
Treasurer Name:	Ashley Young	
Treasurer Address:	5014 Woodsboro Ln	
(include city, state, & zip)	Winston Salem UC 27105	
	Evi	Carried Carried
		N
Treasurer Phone:	336 -978-3138	Contragining To all Contragining
election cycle under the prountil the end of the election expenditures during this eleof elections and file required THIS DECLARATION CA I am withdrawing my to file the next scheduled	mittee intends to neither receive nor expend more than \$1,000 during the occdures set forth in G.S. 163-278.10A. This certification will remain a cycle for this committee. If this committee exceeds \$1,000 in contribute tion cycle, I understand that I must immediately notify the appropriated campaign finance reports. NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYC Certification to remain at or under the \$1,000 threshold. I will now be report for all contributions and expenditures that have not been proposed to the current election cycle. I further agree to file all future reports required.	in effect utions or te board LE. required eviously
Date Signed	Signature	