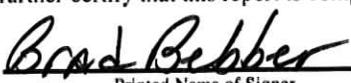


Amendment
 Yes No

Statement of Organization - Candidate Committee

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).

1. Committee Information					
a. Full Name				c. ID Number	
Committee to Elect Joel Johnson					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
390 Oxford Rd Rockwell NC 28138				1/17/2014	
				e. Phone Number	
				704-762-1718	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name			e. Candidate ID Number		f. Party Affiliation
Randy Joel Johnson					Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
390 Oxford Rd Rockwell NC 28138			Clerk of Court		
c. Phone Number		d. Email Address		h. Next Election Year	i. Jurisdiction
7047621718		joel@electjoeljohnson.com		2014	Rowan
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Bradley Charles Babber			/		
b. Mailing Address (include City, State, and Zip Code)					
520 Cromer Rd Salisbury NC 28146					
c. Phone Number		d. Email Address			
704 223 1461		brad@electjoeljohnson.com			
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			SunTrust		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Campaign		
c. Phone Number		d. Email Address		c. Account Code	d. Type
				01	Checking
<input type="checkbox"/> Email copy of notices					
CERTIFICATION					
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.					
 Printed Name of Signer		 Signature of Appointed Treasurer		1-17-14 Date	