

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 <u>Committee to Elect Amanda Johnson - Anthony</u>		d. ID Number <u>2CQ16L</u>	
b. Mailing Address (include City, State and Zip Code) <u>855 Biting Hall Dr Rural Hall NC 27045</u>		e. Date Organized <u>7/15/2025</u>	
c. Committee Website (Optional)		f. Phone Number <u>336-577-6684</u>	
2. Candidate Information			
a. Full Name <u>Amanda Johnson - Anthony</u>		e. Party Affiliation <u>Dem</u>	
b. Mailing Address (include City, State, and Zip Code) <u>855 Biting Hall Dr Rural Hall NC 27045</u>		f. Office Sought <u>Council</u>	
c. Phone Number <u>336-462-8577</u>	d. Email Address <u>Yourcouncilwomanajanthony@gmail.com</u>	g. Next Election Year <u>2025</u>	h. Jurisdiction <u>Rural Hall</u>
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name <u>Ashley Young</u>		a. Full Name <u>Margre Johnson</u>	
b. Mailing Address (include City, State, and Zip Code) <u>5014 Woodsboro Ln WS NC 27045</u>		b. Mailing Address (include City, State and Zip Code) <u>784 Loverton Ln Rural Hall NC 27045</u>	
c. Phone Number <u>336-577-6684</u>	d. Email Address <u>Yourcouncilwomanajanthony@gmail.com</u>	c. Phone Number <u>336-972-0733</u>	d. Email Address <u>N/A</u>
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name <u>Dr. James A. Johnson Jr</u>		a. Financial Institution Full Name <u>M&F Bank</u>	
b. Mailing Address (include City, State, and Zip Code) <u>6604 Heron Neck Dr Apt E IN 46217</u>			
c. Phone Number <u>336-624-4630</u>	d. Email Address <u>JA340@IU.EDU</u>	b. Account Code <u>001</u>	c. Type <u>Checking</u>
<input checked="" type="checkbox"/> Email copy of report notices			
<p>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.</p> <p><u>Ashley Young</u> Printed Name of Treasurer <u>Ashley Young</u> Signature of Appointed Treasurer <u>7/15/25</u> Date</p> <p><u>Amanda Johnson - Anthony</u> Printed Name of Candidate <u>Amanda Johnson - Anthony</u> Signature of Candidate <u>7/15/2025</u> Date</p>			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: Amanda Johnson - Anthony

Committee Name: Amanda Johnson - Anthony

Treasurer Name: ~~Amanda Johnson - Anthony~~ Ashley Young

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: 2CQ16L

Level Registered: [State] [County] If county, specify: NC, Forsyth

I, Amanda Johnson - Anthony (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. <u>WSSU - Transfer Students</u>	<u>30%</u>
2. <u>WSSU - Almost Home</u>	<u>40%</u>
3. <u>Crisis Control Ministries</u>	<u>30%</u>

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: Amanda Johnson - Anthony

Date: 7/18/2025



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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 Amanda Johnson Anthony

Treasurer Name:

Ashley Young

Treasurer Address:

5014 Woodboro Ln
WS NC 27105

(include city, state, & zip)

Treasurer Phone:

336-978-3138

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.

7/15/2025
Date Signed

Signature