

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	
Todd Johnson for NC Senate		STA-7K54Z6-C-001	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 482 Monroe, NC 28111		08/17/2017	
c. Committee Website (Optional)		f. Phone Number	
		704-467-4094	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Matthew Todd Johnson		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 591 Monroe, NC 28111		NC Senate	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-467-4094	todd@votetoddjohnson.com	2026	35
☐ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Jinger Kelley			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
236 Summerhouse Pt Norwood, NC 28128			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-776-2774	jink Kelley@yahoo.com		
Send report notices by email ☒ Yes ☐ No		☐ Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Jinger Kelley		American Bank	
b. Mailing Address (include City, State, and Zip Code)			
236 Summerhouse Pt Norwood, NC 28128			
c. Phone Number	d. Email Address	b. Account Code	c. Type
828-776-2774	jink Kelley@yahoo.com	01	Checking
☐ Email copy of report notices			
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. Jinger Kelley Digitally signed by Jinger Kelley 03/27/2026 Date: 2026.03.27 04:08:56 -04'00' Printed Name of Treasurer Signature of Appointed Treasurer 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. Printed Name of Candidate Signature of Candidate Date			