

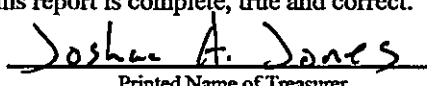
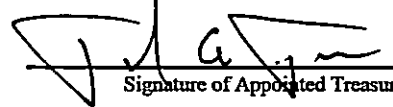
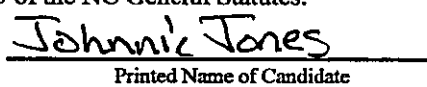
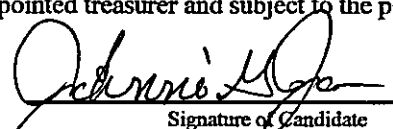
Statement of Organization - Candidate Committee

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	
Committee To Elect Johnnie Jones			
b. Mailing Address (Include City, State and Zip Code)		e. Date Organized	
5126 Davidson Rd Davidson NC 28036		6-8-2026	
c. Committee Website (Optional)		f. Phone Number	
		704-305-5901	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Johnnie Gladsville Jones		Democrat	
b. Mailing Address (Include City, State, and Zip Code)		f. Office Sought	
5126 Davidson Rd Davidson NC 28036		NC House District 83	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-305-5901	Jones4832026@gmail.com	2026	NC
☐ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Joshua Aaron Jones			
b. Mailing Address (Include City, State, and Zip Code)		b. Mailing Address (Include City, State, and Zip Code)	
133 Azalea Rd Mooresville NC 28115			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-663-9836	joshua.jones1939@hotmail.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	
Johnnie Gladsville Jones		Pinnacle Bank	
b. Mailing Address (Include City, State, and Zip Code)			
5126 Davidson Rd Davidson NC 28036			
c. Phone Number	d. Email Address	b. Account Code	c. Type
704-305-5901	Jones4832026@gmail.com		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.   Printed Name of Treasurer: Joshua A. Jones Signature of Appointed Treasurer: Johnnie Jones Date: 6/11/2026 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: Johnnie Jones Signature of Candidate: Johnnie Jones Date: 6-11-2026			

CRO-2100A

NC State Board of Elections

November 2019

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COMMITTEE TO ELECT JOHNNIE JONES
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JOHNNIE JONES
5128 DAVIDSON RD
DAVIDSON NC 28036

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RALEIGH NC 27603

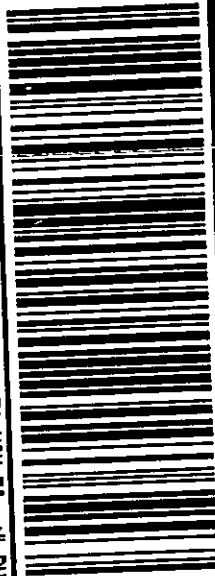
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