

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information	
a. Full Name HENRY VINES FOR COMMISSIONER	c. ID Number 2-D4-2-ER
b. Mailing Address (include City, State and Zip Code) 3450 ISLEY DRIVE SNOW CAMP, NC 27349	d. Date Filed 11/04/2010
	e. Phone Number (336) 227-1761

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 07/01/2010	4. Period End Date (mm/dd/yy) 10/16/2010	5. Treasurer Full Name PAULA LANDRETH
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
8. Number of Fundraisers this Report 2		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name CAPITAL BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN RECEIPTS & EXPENDITURES	c. Account Code 100	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 79.50		d. Period Begin Balance \$

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 and that I have been trained by the NC State Board of Elections.

Paula Landreth Paula P. Landreth 11/04/2010
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received:	<u>11-4-10</u>	Employee:	<u>JG</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
HENRY VINES FOR COMMISSIONER	2010 Third Quarter	2-D4-2-ER	
Start of Election Cycle: January 1, <u>2010</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 79.50	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1,574.32	\$ 1,574.32
6) Contributions from Individuals	(CRO-1210)	\$ 4,230.00	\$ 4,414.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 500.00	\$ 500.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 75.00	\$ 75.00
9) Loan Proceeds	(CRO-1410)	\$ 1,400.00	\$ 1,400.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 7,779.32	\$ 7,963.32
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 5,818.35	\$ 5,818.35
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 115.80	\$ 136.30
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 145.21	\$ 145.21
17) In-Kind Contributions	(CRO-1510)	\$ 19.32	\$ 103.32
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6,098.68	\$ 6,203.18
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,760.14	\$ 1,760.14
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1,400.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
HENRY VINES FOR COMMISSIONER						2-D4-2-ER	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ALBERT FREEMAN 506 ORANGE DRIVE ELON, NC 27244				CEO FREEMAN ELECTRIC			
				c. Employer's Name/Specific Field			
				FREEMAN ELECTRIC			
						e. Election Sum to Date	
						\$ 570.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	100	Cash		09/14/2010		\$ 40.00	
<input type="checkbox"/>	100	Check		10/04/2010		\$ 530.00	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LARRY M ISLEY 3931 SPANISH OAK HILL RD. SNOW CAMP, NC 27349				FARMER			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	100	Check		09/09/2010		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SUSAN ISLEY 1950 CALLIE LANE BURLINGTON, NC 27215				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	100	Check		10/04/2010		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,170.00	
5. Total of ALL CRO-1210 Pages						\$ 4,230.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
HENRY VINES FOR COMMISSIONER		2-D4-2-ER	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 103.32
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
ROLLS FOR FUNDRAISER		09/14/2010	\$ 19.32
			\$
			\$
4. Total only this Page			\$ 19.32
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 19.32

Disclosure Report Cover

Amendment
 Yes No

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1. Committee Information			
a. Full Name		c. ID Number	
HENRY VINES FOR COMMISSIONER		2-D4-2-ER	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
3450 ISLEY DRIVE SNOW CAMP, NC 27349		10/23/2010	
		e. Phone Number	
		(336) 227-1761	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	07/01/2010	10/16/2010	PAULA LANDRETH
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
2			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
CAPITAL BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN RECEIPTS & EXPENDITURES	100		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 100.00		\$
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 and that I have been trained by the NC State Board of Elections.			
<u>Paula Landreth</u> Printed Name of Signer		<u>Paula Landreth</u> Signature of Appointed Treasurer	
		10/23/2010 Date	
FOR OFFICE USE ONLY			
Date Received:	<u>10-25-10</u>	Employee:	<u>JG</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
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10-25-10A08:49 RCVD

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- Name of committee to receive loan:

Henry Vines for Commissioner 2-D4-2-ER

- Person lending money to committee (Lender):

Henry Vines Candidate

- Date of loan to committee: 8-12-2010

- Name of lending institution and account number (source):

PERSONAL CHECK

- Amount of loan: 1400.00

- Names of all parties responsible for payment of loan (guarantors):

N/A

- Period of loan: 8-12-2010 - 12-31-2010

- Rate of interest of loan: 0

- Security pledged for loan: Unsecured

I, Henry Vines, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Henry Vines
Signature of Lender

Paula Landreth
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

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HENRY VINES FOR COMMISSIONER	2010 Third Quarter	2-D4-2-ER	
Start of Election Cycle: January 1, <u>2010</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 79.50	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1,574.32	\$ 1,574.32
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10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 7,779.32	\$ 7,963.32
EXPENDITURES			
13) Disbursements			
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13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 115.80	\$ 136.30
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19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,760.14	\$ 1,760.14
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1,400.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
HENRY VINES FOR COMMISSIONER				2-D4-2-ER	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	In-Kind	ROLLS FOR FUNDRAISER	09/14/2010	\$ 19.32
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/14/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/28/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		10/04/2010	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		10/04/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		09/14/2010	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/14/2010	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		10/04/2010	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		09/15/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		09/15/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		10/01/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		10/04/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/02/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/02/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/14/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		09/14/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		10/04/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/01/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		09/14/2010	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/06/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/01/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		09/01/2010	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		10/04/2010	\$ 20.00
4. Total only this Page				\$	\$659.32
5. Total of ALL CRO-1205 Pages				\$	\$1,574.32
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
HENRY VINES FOR COMMISSIONER				2-D4-2-ER	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		08/17/2010	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		10/04/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		10/04/2010	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		09/14/2010	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		10/11/2010	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		10/06/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		10/04/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/13/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/14/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		10/05/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		08/17/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		10/04/2010	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/25/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		08/23/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/14/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/01/2010	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/02/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		10/03/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		10/05/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/27/2010	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		10/04/2010	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		10/04/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/14/2010	\$ 20.00
4. Total only this Page				\$	\$765.00
5. Total of ALL CRO-1205 Pages				\$	\$1,574.32
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Page 3 of 3

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
HENRY VINES FOR COMMISSIONER				2-D4-2-ER	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		10/01/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		10/04/2010	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/14/2010	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check		09/14/2010	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Cash		09/14/2010	\$ 40.00
4. Total only this Page					\$ 150.00
5. Total of ALL CRO-1205 Pages					\$ 1,574.32
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HENRY VINES FOR COMMISSIONER					2-D4-2-ER	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
B. R. ANSBACHER 1132 W. DAVIS STREET BURLINGTON, NC 27215 (336) 226-8124			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED			
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		09/13/2010	\$ 125.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT BOWMAN 3204 HWY 62 EAST LIBERTY, NC 27298			FARM		e. Election Sum to Date	
			c. Employer's Name/Specific Field			
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		09/13/2010	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
T. E. CHANDLER 5348 S NC62 BURLINGTON, NC 27215			CONCRETE PRODUCER		e. Election Sum to Date	
			c. Employer's Name/Specific Field			
			CHANDLER CONCRETE		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		09/29/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 475.00	
5. Total of ALL CRO-1210 Pages					\$ 4,230.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HENRY VINES FOR COMMISSIONER					2-D4-2-ER	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ABDUL H CHAUDHRY 1770 SILER CITY GLENDON ROAD SILER CITY, NC 27344				CHAUDHRY HALALMEATS		
				CHAUDHRY HALALMEATS - OWNER		e. Election Sum to Date
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		08/30/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RICHARD CHEEK 2985 ROGERS ROAD GRAHAM, NC 27253						
				RETIRED		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		09/29/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
THOMAS J DIXON P O BOX 19824 GREENSBORO, NC 27419 (336) 299-7070				ELECTRICAL		
				DISCCA		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		10/01/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages					\$ 4,230.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
HENRY VINES FOR COMMISSIONER						2-D4-2-ER	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ALBERT FREEMAN 506 ORANGE DRIVE ELON, NC 27244				CEO FREEMAN ELECTRIC			
				c. Employer's Name/Specific Field			
				FREEMAN ELECTRIC		e. Election Sum to Date	
						\$ 570.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	100	Cash		09/14/2010	\$ 40.00		
<input type="checkbox"/>	100	Check		10/04/2010	\$ 530.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LARRY M ISLEY 3931 SPANISH OAK HILL RD. SNOW CAMP, NC 27349				FARMER			
				c. Employer's Name/Specific Field			
				RETIRED		e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	100	Check		09/09/2010	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SUSAN ISLEY 1950 CALLIE LANE BURLINGTON, NC 27215							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	100	Check		10/04/2010	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,170.00	
5. Total of ALL CRO-1210 Pages						\$ 4,230.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HENRY VINES FOR COMMISSIONER					2-D4-2-ER	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JESSICA LANDES 325 E DAVIS ST 10U BURLINGTON, NC 27215			EDUCATOR			
			c. Employer's Name/Specific Field			
			ALAMANCE PARTNERSHIP FOR CHILDREN		e. Election Sum to Date	
					\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Cash		09/14/2010	\$ 40.00	
<input type="checkbox"/>	100	Cash		10/04/2010	\$ 20.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PAULA LANDRETH 5940 COUNTRY LANE SNOW CAMP, NC 27349 (336) 222-0986			RETIRED			
			c. Employer's Name/Specific Field			
			ACCT		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		09/14/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
D. MARSH MCLELLAND 2018 NOTTINGHAM LANE BURLINGTON, NC 27215						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		09/06/2010	\$ 100.00	
<input type="checkbox"/>	100	Cash		10/04/2010	\$ 20.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 280.00	
5. Total of ALL CRO-1210 Pages					\$ 4,230.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HENRY VINES FOR COMMISSIONER					2-D4-2-ER	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LESA MCPHERSON 4619 SWEPSONVILLE-SAXAPAHAW RD GRAHAM, NC 27253				RETIRED		
						e. Election Sum to Date
						\$ 125.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	100	Check		09/28/2010		\$ 125.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
PAT MOSER 2966-A MAPLE AVENUE BURLINGTON, NC 27215						
				RETIRED		e. Election Sum to Date
						\$ 125.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	100	Check		09/08/2010		\$ 125.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ROBERT OSBORNE 7057 BETHEL-SOUTH FORK ROAD GRAHAM, NC 27253				UNDEERWRITER LAB		
				ENGINEER		e. Election Sum to Date
						\$ 125.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	100	Check		10/09/2010		\$ 125.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page						\$ 375.00
5. Total of ALL CRO-1210 Pages						\$ 4,230.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
HENRY VINES FOR COMMISSIONER						2-D4-2-ER	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JAMES SCARLETT 4204 BASS MOUNTAIN ROAD SNOW CAMP, NC 27349				RETIRE			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	100	Check		09/22/2010		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SAMUEL E SCOTT 301 ALTAMAHAW-UNION RIDGE ROAD BURLINGTON, NC 27217				DOCTOR			
				c. Employer's Name/Specific Field			
				SELF			
						e. Election Sum to Date	
						\$ 220.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	100	Cash		09/07/2010		\$ 100.00	
<input type="checkbox"/>	100	Check		10/04/2010		\$ 120.00	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MIRANDA SMITH 5901 COUNTRY LANE SNOW CAM[, NC 27249				HOMEMAKER			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	100	Check		09/14/2010		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 420.00	
5. Total of ALL CRO-1210 Pages						\$ 4,230.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) HENRY VINES FOR COMMISSIONER	2. ID Number 2-D4-2-ER
--	----------------------------------

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
LEONORAH H STOUT 213 N. MELVILLE STREET GRAHAM, NC 27253		RETIRED			
		c. Employer's Name/Specific Field RETIRED			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	100	Check		09/13/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
CHARLES SYDNOR 6707 BASS MOUNTAIN ROAD SNOW CAMP, NC 27349		RETIRED			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	100	Check		10/02/2010	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
STEVE VANPELT 3457 ROGERS ROAD GRAHAM, NC 27253		EDUCATOR			
		c. Employer's Name/Specific Field RETIRED			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	100	Check		08/17/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 500.00
5. Total of ALL CRO-1210 Pages	\$ 4,230.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) HENRY VINES FOR COMMISSIONER	2. ID Number 2-D4-2-ER
--	----------------------------------

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DANIEL VIA 5901 D COUNTRTY LANE SNOW CAMP, NC 27349		SALES			
		c. Employer's Name/Specific Field CINTAS			
				e. Election Sum to Date	
				\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	100	Check		10/14/2010	\$ 110.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
FLOSSIE VINES 2520 HYDE STREET BURLINGTON, NC 27217		RETIRED			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	100	Check		09/14/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
L G WHITE 207/A OAKE AVENUE PIKESVILLE, MD 21208		HOMEMAKER			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	100	Check		09/14/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 310.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 4,230.00

Contributions from Political Party Committees Pg 1 of 1 Amendment Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable) HENRY VINES FOR COMMISSIONER			2. ID Number 2-D4-2-ER	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
DEMOCRATIC WOMEN OF ALAMANCE COUNTY P. O. BOX 1815 BURLINGTON, NC 27215				
			c. Election Sum to Date	
			\$ 500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
100	Check		08/30/2010	\$ 500.00
				\$
				\$
4. Total only this Page				\$ 500.00
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 500.00

CRO-1220

NC State Board of Elections

April 2007

Contributions from Other Political Committees Pg 1 of 1 Amendment Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)			2. ID Number	
HENRY VINES FOR COMMISSIONER			2-D4-2-ER	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
RONALD L PARRISH CAMPAIGN 211 E. ELM STREET GRAHAM, NC 27253		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		Alamance		\$ 75.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	Check		09/14/2010	\$ 50.00
100	Check		10/02/2010	\$ 25.00
				\$
4. Total only this Page				\$ 75.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 75.00

CRO-1230

NC State Board of Elections

April 2007

Loan Proceeds

Pg 1 of 1

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
HENRY VINES FOR COMMISSIONER				2-D4-2-ER	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
WILLIAM H VINES JR 3450 ISLEY DRIVE SNOW CAMP, NC 27349			FARM		e. Start Date (mm/dd/yyyy)
			c. Employer's Name/Specific Field		08/12/2010
			SELF		f. End Date (mm/dd/yyyy)
					12/31/2010
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment		k. Amount
0.000 %	CASH ADVANCE UNSECURED	100	Check		\$ 1,400.00
l. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			%		\$
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					\$ 1,400.00

Disbursements

Amendment

Pg 1 of 3 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) HENRY VINES FOR COMMISSIONER						2. ID Number 2-D4-2-ER	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE NEWS BURLINGTON, NC 27215				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 325.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	A	09/17/2010	\$ 325.00	NEWSPAPER AD		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) HARRIS TEETER CHURCH STREET BURLINGTON, NC 27215				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 55.41	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	C	09/01/2010	\$ 55.41	CHIPS - HOT DOGS - LEMONADE MIX		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MEBANE ENTERPRISE MEBANE, NC				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 153.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	A	10/08/2010	\$ 153.90	NEWSPAPER ADS		
				\$			
5. Total only this Page						\$ 534.31	
6. Total of ALL CRO-1310 Pages						\$ 5,818.35	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment

Pg 2 of 3 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
HENRY VINES FOR COMMISSIONER						2-D4-2-ER	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SAM'S CLUB WENDOVER AVE GREENSBORO, NC 27408							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 116.51	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	C	09/13/2010	\$ 116.51	FOOD - SUPPLIES		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THE MEDIA CORPORATION BURLINGTON, NC							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,013.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	B	09/24/2010	\$ 2,013.50	MAILER		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TIMES NEWS P. O. BOX 481 BURLINGTON, NC 27215							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1,065.82	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	A	10/13/2010	\$ 1,065.82	NEWSPAPER/ONLINE		
				\$	ADS		
5. Total only this Page						\$ 3,195.83	
6. Total of ALL CRO-1310 Pages						\$ 5,818.35	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
HENRY VINES FOR COMMISSIONER						2-D4-2-ER	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
UNITED STATES POST OFFICE ALAMANCE, NC 27201-9800							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 132.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	I	08/31/2010	\$ 132.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VAN'S ADVERTISING 3264 VAN DRIVE BURLINGTON, NC 27215							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 1,686.21	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	B	09/02/2010	\$ 1,234.49	SIGNS & BUMPER		
100	Check	B	09/17/2010	\$ 451.72	STICKERS RULERS-PENCILS-POSTC ARDS-BUSCARDS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WESTERN CHARCOAL STEAKHOUSE 42 B GRAHAM HOPEDALE ROAD BURLINGTON, NC 27215 (336) 227-1448							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 270.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	C	10/04/2010	\$ 270.00	SECOND FUNDRAISER		
				\$			
5. Total only this Page						\$ 2,088.21	
6. Total of ALL CRO-1310 Pages						\$ 5,818.35	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate				
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses				
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund				
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) HENRY VINES FOR COMMISSIONER						2. ID Number 2-D4-2-ER
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Draft	K	08/24/2010	\$ 18.50	CHECKS AND DEP SLIPS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check	B	09/16/2010	\$ 25.86	HANDOUTS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check	B	09/19/2010	\$ 32.33	HANDOUTS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check	C	09/23/2010	\$ 10.66	FOOD
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check	O	09/24/2010	\$ 10.00	BOOTH AT PLAID DAY
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check	C	09/01/2010	\$ 7.62	PAPER PRODUCTS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	100	Check	C	09/01/2010	\$ 10.83	PLATES,NAPKINS, PAPER PRODUCTS
4. Total only this Page					\$	115.80
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	115.80
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)						

Refunds/Reimbursements From the Committee Pg 1 of 1 Amendment Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)			2. ID Number	
HENRY VINES FOR COMMISSIONER			2-D4-2-ER	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
SHAVON VIA 5901 D COUNTRY LANE SNOW CAMP, NC 27349 (336) 227-0227		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/24/2010
				i. Original Receipt Amount
				\$ 0.00
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
PHOTOGRAPHY	SELF	P		\$ (145.21)
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	Check	VARIOUS	09/24/2010	\$ 145.21
4. Total only this Page				\$ 145.21
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 145.21
6. Purpose Codes (List detailed disbursement code in (f) above)				
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kin O* Other * Codes require detailed explanation in required remarks field (m)				

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
HENRY VINES FOR COMMISSIONER		2-D4-2-ER	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 19.32	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
ROLLS FOR FUNDRAISER		09/14/2010	\$ 19.32
			\$
			\$
4. Total only this Page		\$	19.32
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$	19.32

Outstanding Loans

Amendment
Pg 1 of 1 Yes No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
HENRY VINES FOR COMMISSIONER		2-D4-2-ER	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
WILLIAM H VINES JR 3450 ISLEY DRIVE SNOW CAMP, NC 27349		FARM	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		SELF	08/12/2010
			f. End Date (mm/dd/yyyy)
			12/31/2010
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%	CASH ADVANCE UNSECURED	\$ 1,400.00	\$ 1,400.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 1,400.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 1,400.00