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

1. Committee Information	KO-3300 (when aill	chaing, or	ny re-suomit ii applicable).
a Full Name			
		c. ID Number	
Henry Vives for CommissionCR		2-D4-2-ER	
b. Mailing Address (include City, State and Zip Code)	_ _		d. Date Organized
3450 Isley DRIVE 500W CAMP, NC 27349-9251		2-18-2010	
5/1000 C/7/1/2/201		c. Phone Number	
			336-227-2761
2. Candidate Information		☐ Candid	ate's Primary Committee
a. Full Name	e. Candidate ID Num	ber	f. Party Affiliation
William Henry VINES JR b. Mailing Address (include City, State and Zip Code)	2042,	ER	Ochroc Rafic (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State and Zip Code)	g. Office Sought		
3450 Iskey Da Snow DC c. Phone Number d. Email Address	Como	کگر ر	S'ONCR.
c . Phone Number d. Email Address	h. Next Election Year		i. Jurisdiction
336 227 176 1 Heary Vine 5@ Sell South			4/
□Email copy of notices / Net			ALAMAN CC
3. Treasurer Information	4. Custodian of Books Information		
a. Full Name	a. Full Name		
PAULA P LANdreth	PALLA P LAndreth		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
5940 Country Ine	5940 COUNTRY LAM		
Snow CAMP NC 27349			NC 27349
Phone Number d. Email Address	c. Phone Number	d. Email A	lddress
222-0986 pplandeethe Adicom	222-0986	pphi	anderthe Aoli
prefer to receive hotices by email Yes No	🛛 Email copy o	f notices	
E 11 11		(incl. CRO-3500)	
. Full Name Remove	a. Financial Institution Full Name Remove		
Eileen DAVIS			
. Mailing Address (include City, State, and Zip Code)	b. Purpose		
5949-A Country LANE Snow CAMP NC 273-19			
Snow CAMP NC 21249			
	c. Account Code	d. Type	
336 639-2766			
Email copy of notices			
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 Date			

CRO-2100A

NC State Board of Elections

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July 2011