



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Committee Name: Henry VINES FOR COMMISSIONER

Treasurer Name: SAMUEL KAY MOSER

Treasurer Address: 2966 A MAPLE AVENUE

(include city, state, & zip) BURLINGTON NC 27215

Treasurer Phone: 336 227-2366

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

7-6-20  
Date Signed

Samuel Kay Moser  
Signature

RECEIVED  
JUL 08 2020  
BY: \_\_\_\_\_

# 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 <b>HENRY VINES FOR COMMISSIONER</b>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>3450 ISLEY DRIVE SNOW CAMP NC. 27349</b>	d. Date Filed <b>7-6-20</b>
	e. Phone Number <b>336-2271761</b>

2. Report Year <b>2020</b>	3. Period Start Date (mm/dd/yy) <b>2-16-2020</b>	4. Period End Date (mm/dd/yy) <b>6-30-2020</b>	5. Treasurer Full Name <b>SAMUEL KAY MOSER</b>
-------------------------------	---	---	---

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	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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	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
		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	
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				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <b>FIRST HORIZON BANK</b>		a. Financial Institution Full Name	
b. Purpose	c. Account Code <b>7016</b>	b. Purpose <b>RECEIVED</b>	c. Account Code
	d. Period Begin Balance <b>\$ 1002.43</b>		d. Period Begin Balance
		BY: <b>JG</b>	

**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.

Samuel K Moser      Samuel K Moser      7-6-20  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: <u>7-6-2020</u>	Employee: <u>JG</u>	<b>Delivery Method</b> <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
Date Postmarked: _____	Employee: _____	
Date Scanned: <u>8/30/2020</u>	Employee: <u>JG</u>	
Date Data Entered: _____	Employee: _____	

**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			
Start of Election Cycle: January 2017		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start 1002.43		\$ 1002.43	\$ 50
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$	\$ 5096.60
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0	\$ 5096.60
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$	\$ 3147.57
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 1002.43	\$ 1002.43
17) In-Kind Contributions (CRO-1510)		\$	\$ 946.60
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1002.43	\$ 5096.60
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	\$
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$	\$
22) Debts and Obligations owed by the Committee (CRO-1610)		\$	\$
23) Debts and Obligations owed to the Committee (CRO-1620)		\$	\$
24) Account Transfers Within the Committee (CRO-1720)		\$	\$
25) Administrative Support (CRO-1710)		\$	\$
26) Forgiven Loans (CRO-1440)		\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$ 1002.43	\$ 1002.43

# Refunds/Reimbursements From the Committee

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			
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	
DONNA SOMERS VINES 3450 ISLEY ROAD SNOW CAMP NC 27849 336-227-1761		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		h. Original Receipt Date	
FARMER		1-6-20	
c. Employer's Name/Specific Field		i. Original Receipt Amount	
SELF		\$2000.00	
e. Level Registered		j. Election Sum to Date	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$0	
f. Purpose Code		k. Account Code	
		7016	
l. Form of Payment		n. Date (mm/dd/yyyy)	
TRANSFER		6-19-20	
m. Required Remarks		o. Amount	
		\$1002.43	
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	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		h. Original Receipt Date	
c. Employer's Name/Specific Field		i. Original Receipt Amount	
		\$	
e. Level Registered		j. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Purpose Code		k. Account Code	
l. Form of Payment		n. Date (mm/dd/yyyy)	
m. Required Remarks		o. Amount	
		\$	
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	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		h. Original Receipt Date	
c. Employer's Name/Specific Field		i. Original Receipt Amount	
		\$	
e. Level Registered		j. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Purpose Code		k. Account Code	
l. Form of Payment		n. Date (mm/dd/yyyy)	
m. Required Remarks		o. Amount	
		\$	
4. Total only this Page		\$	
5. Total of ALL CRO-1320 Pages (This line matches on line 16 of Detailed Summary Page CRO-1300)		\$1,002.43	
6. Purpose Codes (Last detailed disbursement code in (1) above)			
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kind      O* - Other			
* Codes require detailed explanation in required remarks field (m).			

RECEIVED

JUL 09 2020

BY: \_\_\_\_\_