

## **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)	BURINGTON NC 27215
Treasurer Phone:	3.36 227-2366
certification, I declare that	entioned Committee intends to close and cease existence. Upon signing this all funds have been distributed and reported (if required). In addition, no

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.

Date Signed

Samuel Kay Mose

RECEIVED

BY:

	over				Amendment		
Disclosure Report C Use this form for general repo		oformation, must be	sioned and subr	nitted along w	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		Sand have to see Sand to the Control		[c. II	Number		
HENRY VINES	EnD in	Ada da sin C ta sa s					
b. Mailing Address (include City, S	tate and Zip Code)	mmissione		an	ate Filed		
3450 ISLEY		<u>talija (n. 1865), ki ja 2004, ki ja 300 ki ja 32</u>			7-6-20		
				·	one Number		
SNOW CAMP A	SNOW CAMP NC. 27349						
2. Report Year 3. Period Sta	rt Date Assistances	M Dassal Grating			36-227/76/		
		1	1				
2020 2-16-2		6-30-20			ray Moser		
6. Type of Committee (Check  ☑ Candidate Campaign ☐ Page 1					om one category)		
I	eferendum	nicipal Organizational	State/County  Organizations		rendum		
	oint Fundraiser	Thirty-five day	Quarterly	; <del></del>	Organizational Pre-referendum		
Legal Expense Fund	: :====	Pre-primary	First	==	Final		
	同	Pre-election	Second	1 2222	Supplemental Final		
7. Type of Fund (if applicable	le, check one)	Pre-runoff	Third	1==	Annual		
Booster Fund		Semi-annual	Fourth		Special		
Building Fund		Mid Year	Semi-annual	j—	-		
		Year End	Mid Yea	r 10.3	Special Report Name		
Other:		Final	Year En	1			
8. Number of Fundraisers thi	s Report	Special	K Final	į			
			Special	-			
11 Account Information			ount Informat				
a. Financial Institution Full Name		a. Financ	ial Institution Ful	Name	or half of the design of the		
<u> </u>							
	BANK				·		
	BANK c. Account Code	b. <b>Р</b> ацор	ET (1 ET 1 3 1	TTV TO C. AC	ount Code		
FIRST HORIZON	c. Account Code	b. Purpos	ECEIV	ED c. Ac	count Code		
FIRST HORIZON	c. Account Code				ount Code		
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FIRST HORIZON	c. Account Code	ance	JUL 06 20;				
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FIRST HORIZON b. Purpose  CERTIFICATION	c. Account Code 7016 d. Period Begin Bal \$ 1002,	ance   BY:_	J6 00 201	d. Per \$	iod Begin Balance		
FIRST HORIZON  b. Purpose  CERTIFICATION  I certify that the Committee or Front the NC General Statutes and the second se	c. Account Code 7016 d. Period Begin Bal \$ 1002,  und is in compliance that no funds are comp	ance  #3  BY:_  with all applicable promingled with prohibite	JUL 0 0 202  JG  visions of Article d or other non-di	d. Per \$ 22A, 22B & 22 sclosed funds.	iod Begin Balance  2D-22M of Chapter 163		
FIRST HORIZON b. Purpose  CERTIFICATION	c. Account Code 7016 d. Period Begin Bal \$ 1002,  und is in compliance that no funds are comp	ance  #3  BY:_  with all applicable promingled with prohibite	JUL 0 0 202  JG  visions of Article d or other non-di	d. Per \$ 22A, 22B & 22 sclosed funds.	iod Begin Balance  2D-22M of Chapter 163		
ERTIFICATION  I certify that the Committee or Form of the NC General Statutes and the report is complete, true and corrections.	c. Account Code 7016 d. Period Begin Bal \$ 1002,  und is in compliance hat no funds are completed and that I have been	with all applicable promingled with prohibite on trained by the NC S	JUL 0 0 202  JG  visions of Article d or other non-di	d. Per \$ 22A, 22B & 22 sclosed funds.	iod Begin Balance  2D-22M of Chapter 163		
FIRST HORIZON  b. Purpose  CERTIFICATION  I certify that the Committee or Furof the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete, true and correspond to the NC General Statutes and the report is complete.	c. Account Code 7016 d. Period Begin Bal \$ 1002,  und is in compliance hat no funds are comment and that I have been	ance  H3  BY:_  with all applicable promingled with prohibite en trained by the NC S  Amusel K 1	JUL 06 202 JG visions of Article d or other non-di- tate Board of Ele	d. Per \$ 22A, 22B & 23 sclosed funds. ctions.	iod Begin Balance  2D-22M of Chapter 163		
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FIRST HORIZON  b. Purpose  CERTIFICATION  I certify that the Committee or Front is complete, true and corresport is complete, true and corresport is complete.  Samuel Row Os  Printed Name of Sig  FOR OFFICE USE ONLY	c. Account Code 7016 d. Period Begin Bal \$ 1002,  und is in compliance hat no funds are comment and that I have been	with all applicable promingled with prohibite on trained by the NC S  Signature of A	JUL 06 202 JG visions of Article d or other non-di- tate Board of Ele	d. Per \$ 22A, 22B & 22 sclosed funds. ctions.	iod Regin Balance  2D-22M of Chapter 163 I further certify that this  7 - 6 - 4 - Date  Date  Method		
ERTIFICATION  I certify that the Committee or Front is complete, true and corresport is complete, true and correspond Name of Signature	c. Account Code 7016 d. Period Begin Bal \$ 1002,  und is in compliance that no funds are completed and that I have been seen as a seen	with all applicable promingled with prohibite on trained by the NC S  Signature of A	JG  visions of Article d or other non-di tate Board of Ele  Mass  ppointed Treasurer	d. Per \$ 222A, 22B & 22 sclosed funds. ctions.	iod Begin Balance  2D-22M of Chapter 163 I further certify that this  7 - 6 - 4 - 0  Date  Method nal Mail		
FIRST HORIZON  b. Purpose  CERTIFICATION  I certify that the Committee or Form of the NC General Statutes and the report is complete, true and correspond is complete, true and correspond in Samuel 10 Samuel	c. Account Code 7016 d. Period Begin Ball \$ 1002,  and is in compliance that no funds are commerced and that I have been seen as a seen	with all applicable promingled with prohibite on trained by the NC S  Signature of A	JG  visions of Article d or other non-di tate Board of Ele  Mass  ppointed Treasurer	d. Per \$ 22A, 22B & 22 sclosed funds. ctions.	2D-22M of Chapter 163 I further certify that this Date  Method Date Mail Stered Mail		
EIRST HORIZON  b. Purpose  CERTIFICATION  I certify that the Committee or Form of the NC General Statutes and the report is complete, true and correspond is complete, true and correspond in Samuel 100 Sented Name of Signate Postmarked:  Date Postmarked:	c. Account Code 7016 d. Period Begin Ball \$ 1002,  and is in compliance that no funds are commerced and that I have been seen as a seen	with all applicable promingled with prohibite on trained by the NC S  Signature of A  Employee:  Employee:	visions of Article d or other non-di tate Board of Ele  Massa  ppointed Treasurer	d. Per \$ 22A, 22B & 22 sclosed funds. ctions.  Delivery Norm Regin	iod Begin Balance  2D-22M of Chapter 163  I further certify that this  Date  Method al Mail stered Mail Delivered		
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Detailed Summary
Use this form to summarize all disclosi

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	nd to total monetary information  2. Type of Report  3		3. ID Number
HENRY VIIVES FORCOMMISSION	Ø.		
Start of Election Cycle: January 2017		Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start 1002,43		\$ 1002.43	\$ <i>6</i>
RECUPIS			
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	وليمونون والمحاول المراود والمراود والم		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organization	s (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	c,lld and lie)	•	\$ 5096.60
EXPENDITURES			
(3) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$ 3147.57
13b) Contributions to Candidates/Political Committees	s (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
5) Loan Repayments	(CRO-1420)	\$	\$
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ /002.43	\$1002.43
7) In-Kind Contributions	(CRO-1510)	\$	\$ 946.60
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	- 1	\$ 1002.43	\$509-6.60
9) Cash on Hand at End (Add lines 4 and 12 together, then su			\$ 0
ADDITIONAL INFORMATION			
0) Non <sub>7</sub> Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
4) Account Transfers Within the Committee	(CRO-1720)	\$	
5) Administrative Support	(CRO-1710)	\$	\$
6) Forgiven Loans	(CRO-1440)	\$	\$
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
8) Contributions to be Refunded	(CRO-1215)	\$ 1002 43	\$ 1002.43

Use this form to report refunds/reimbursements, in			Yes No
if Committee fulls a area and sain a significant	Cruanig Centrodions (Sun	nea to the contri-	Z-III-Number
HENRY VINES FOR COI		R	
3. Payer-Information: 7 1 2 1 2 1			
a: Full Name, Mailing Address & Phone	d. Type of Comm	ittee	h. Original Receipt Date
(include city, state, & zip)	Candidate	PAC	1-6-20
PONNA SOMERS VINES	Referendum	Party	
3450 ISLEY ROAD	e. Level Registere	County:	i. Original Receipt Amount
Snow CAMPNC27	349 🗖 State	Municipality:	\$ 2000400
72/ 1 12 121	f. Purpose Code		j. Election Sum to Date
336-227-1761			s- 0
b. Job Title/Profession c. Employer's Name/Spe	ific Field g. Comments		k Account Code
FARMER SELF		:	7016
l. Form of Payment m. Required Remarks		n. Date (mm/dd/yy	The second of th
TRAISTER	· Jan	6-19-2	0 \$1002,43
3. Payee Informations	Add Add		
a. Full Name, Mailing Address & Phone	d. Type of Comm	itiee	h. Original Receipt Date
(înclude city, state, & zip)	Candidate	PAC	
	Referendum	Party	
	e Level Registere	d County:	i, Original Receipt Amount
·	Federal State	Municipality:	\$
	f. Purpose Code		j. Election Sum to Date
			\$
b. Job Title/Profession c. Employer's Name/Spec	ific Field g Comments		k. Account Code
		· · · · · · · · · · · · · · · · · · ·	
i. Form of Payment m. Required Remarks		n. Date (mm/dd/yy)	ý) jo Amount
			\$
3. Payee Information		unie	
a. Full Name, Mailing Address & Phone	d. Type of Comm	THE STREET, ST	h: Original Receipt Date
(include city, state, & zip)	Candidate	PAC	And the second s
The state of the s	Referendum	Party	Normal Company of the
RECEIVED	e. Level Registere	CD 1.5-3-21	i. Original Receipt Amount
11. ON 2020	Federal	County:	\$
JUL 0 9 2020	State  f. Purpose Code	Municipality:	j. Election Sum to Date
PW.	252 de pose code	og nat <del>er fligt med en e</del> n en en en en et en en e <mark>n en en en en e</mark>	A CONTRACT OF THE CONTRACT OF
BY:			\$
b. Job Title/Profession c. Employer's Name/Spec	ific Field g. Comments		k Account Code
l. Form of Payment   m. Required Remarks	200 May 200 - 100	n: Date (mm/dd/yy	y) o, Amount
in Required Remarks		ns Date (min/din/yy)	y) o. Amount.
4. Total only this Page			
5. Fofal of ALA CRO-4820 Pages			\$
(Chistine musely on line that Delaucd-Summor Page C			1.00a.43
<ol> <li>Purpose Codes (List definited disbursement code</li> </ol>			
L - Returned to Contributor M - Overpa P* - Reimbursement of In-Kind O* Other	lyment for Service	N = Excee	ded Contribution Limit
Codes require detailed explanation increquir	ed remarks field (m) == /		
CRO-1320	NC State Board of Elections		December 2007

Amendment