Statement of Organization - Candidate Committee

Is	this st	atem	ent:	
×	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.

This form mast ce u	ccompanied by form CRO-3300. An ame	naca romin io require			
1. Committee Infor	mation				
a. Name of Committee				d. ID Number	
HENRY V	INES FOR COUNTY CO	MMTCCTONE	ER		
b. Mailing Address (incl	lude City, State and Zip Code)	011111123 L V		e. Date Organized	
3450 TSI	EY DR. SNOWCAMP N	10 27249			
c. Committee Website (C 2/37		f. Phone Number	
c. Committee Website (optional)				
				336-2271761	
2. Candidate Infori a. Full Name	mation	I n			
		e. Party Affiliation			
William H	ENRY VINES IR.	REPUBLICAN			
b. Mailing Address (incl	lude City, State, and Zip Code)	f. Office Sought			
3450 IS	SLEY DR. SHOWCAMP NC 27349	County COMMISSIONER			
c . Phone Number	d. Email Address	g. Next Election Year	h. J	urisdiction	
331-227-1711	HENRY WARES A STATE OF	1 n 2			
	HENRY VINES AT BELLSOUTH, NET	202			
☐ Email copy of re 3. Treasurer Inform		A Assistant Treasu	rer Inform	ation	
a. Full Name		4. Assistant Treasurer Information a. Full Name			
2 2 4	Section 2007 12 300 - 200 - 200		1-12-11	wes To	
	Thomas Lashley	WILLIAM HENRY VINES IR			
	lude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)			
9449 LINDE	LEY MILL RD SNOWCAMP 22349	3450 ISLE	4 DR S	NOW CAMPNC27349	
	d. Email Address		d. Email Add		
919 324573	WTLAShIEY at YAhoo, COM	336227-1761 HENRY VINES H BELLSOUTH. NE			
Send report no		Email copy of report notices			
	oks Information (Keeper of Records)	6. Account Information (incl. CRO-3500)			
a. Full Name		a. Financial Institution	Full Name		
			1 17	DOBIUDD	
b. Mailing Address (incl	lude City, State, and Zip Code)		K	ECEIVED	
				NGV 17 2025	
c. Phone Number	d. Email Address	b. Account Code	c. Type BV		
		/	1 101		
☐ Email copy of re	eport notices				
General Statutes ar	ommittee is in compliance with all applicand that no funds are commingled with prolete, true and correct. Thomas Lame Willem Name of Treasurer Sig	hibited or other non-	disclosed fu		
I certify that the info duties and responsib 163 of the NC Gener	ormation above is correct, and I, as the ca ilities imposed upon the appointed treasural Statutes. HENRY VINES IR Will	ndidate, appoint said	treasurer to		
Printed 1	Name of Candidate	Signature of Candidate	0	Date	



Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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 COUNTY COMMISSONER
Treasurer Name:	William Thomas LASHLEY
Treasurer Address:	9449 LINDLEY MILL RO.
(include city, state, & zip)	SHOW CAMP NC 27349
Treasurer Phone:	919-3245739
	•

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

X I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

11-17-25 Date Signed William Thomas Lashley
Signature

RECEIVED
NGV 17 2025
BY:



Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.						
Candidate Name:	WILLIAM HENRY VINE	SIR				
Committee Name:	HENRY VINES FOR	COUNTY COL	MMISSONER			
Treasurer Name:	WILLIAM Thomas LASHIEY					
If Candidate is own treasurer, designate an agent to carry out designations:						
Committee ID #:						
Level Registered:	Level Registered: [State] [County] If county, specify:					
I, William Henry Vines IR., hereby direct that in the event of my death or incapacity all (Name of Candidate) funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).						
Name (Select from	of Entity §163-278.16B(a))	Plan for Disbursen	nent (eg. Amount or %)			
1. Alamance	REPUBLICAN PARty	100%	>			
2						
		9 				
	I certify that the foregoing en 16B(a). A copy of this form s					
Signature of Candidat	e: William Hes	my Vines J.				
Date:	11-13-25		RECEIVED			
			RECEIVED NGV 17 2325			
CRO-3900	Candidate Designation	n of Committee Funds	BY:			