

Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name

b. Mailing Address (include City, State and Zip Code)

c. ID Number

d. Date Organized

e. Phone Number

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2. Candidate Information

☐ Primary Candidate Committee

a. Full Name

c. Office Sought

d. District/County/Municipality

b. Candidate ID Number

e. Party Affiliation

3. Treasurer Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

4. Custodian of Books Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

5. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

b. Purpose

c. Code

d. Type

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

E. A. Hendley
Printed Name of Signer

E. A. Hendley
Signature of Appointed Treasurer

7-17-03
Date

CRO-2100A

NC State Board of Elections

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CRS
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ELECTIONS

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North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

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Confidential

Certification of Financial Account Information

FILED BY:

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
will spend no money to further this campaign			whatever	

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

8-14-03
Date Signed

E A Hendley
Signature of Treasurer



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Certification of Treasurer

FILED BY:

Candidate Name:

E A Hensley

Treasurer Name:

none

Treasurer Address:

(include city, state, & zip)

421 Lewisville-Venue RD

Lewisville NC 27023

~~Treasurer Phone:~~

Hensley 336 445-324X

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

7-15-03

Date Signed

E A Hensley

Signature of Candidate

COPY



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Certification of Threshold

FILED BY:

Committee Name:

Candidate - E.A. Hendley

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

421 Lewisville - Vienna RD

Lewisville NC 27023

Treasurer Phone:

Candidate Phone 336-945-3244

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 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 \$3,000 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.

☐ I am withdrawing my Certification to remain under the \$3000 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.

**7-19-03*

Date Signed

** E.A. Hendley*

Signature



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Certification to Close Committee

FILED BY:

Committee Name:

HENDLEY FOR REELECTION TO TOWN COUNCIL

Treasurer Name:

HENDLEY

Treasurer Address:

421 LEWISVILLE - VIENNA RD.

(include city, state, & zip)

LEWISVILLE, NC 27023

Treasurer Phone:

336-945-3244

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 \$3,000 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 \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

11/11/03

Date Signed

E.A. Hendley

Signature