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 amending, only re-submit if applicable). 1. Committee Information a. Full Name c. ID Number DIOHARD V. LINVIIE CAMPAIGN b. Mailing Address (include City, State and Zip Code) 6321 VANGE RP. 2-16-12 e. Phone Number KERNERSUI 11E N.C. 2>284 545-2476 2. Candidate Information Candidate's Primary Committee a. Full Name e. Candidate ID Number f. Party Affiliation DIOHART U. WINUILE D. Mailing Address (include City, State, and Zip Code) 6321 VANCE FF. (Indicate Non-partican if applicable) g. Office Sought KERNEMSUILLE N.C. 27284 h. Next Election Year i. Jurisdiction c . Phone Number d. Email Address 595-2470 ☐Email copy of notices 3; Treasurer Information 4. Custodian of Books Information a. Full Name a. Full Name BIUHARD V VINUINE b. Mailing Address (include City, State, and Zip Code) 6321 VANCE RD, b. Mailing Address (include City, State, and Zip Code) KERNERS UILLENG 27280 Phone Number d. Email Address c. Phone Number c. Phone Number d. Email Address 595.2870 I prefer to receive notices by email ☐ Yes ☐ Email copy of notices 5. Assistant Treasurer Information □ Add 6. Account Information (incl. CRO-3500) a. Full Name Remove a. Financial Institution Full Name Mailing Address (include City, State, and Zip Code) . Phone Number d. Email Address c. Account Code d. Type Email copy of notices

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

I further certif	y that this	s report is	complete,	true and	correct.
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Printed Name of Signer

Printed Name of Signer

Signature of Appointed Treasurer

2-72-12

Date





North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY: '				
Candidate Name:	BICHARD V. LINVILLE			. 2
Treasurer Name:	BICHARD V- WWWINE		<u>;</u>	-83-⊹:
Treasurer Address:	6321 VANCE ED	7	2 FE	ARIS .
(include city, state, & zip)	KERNERGUILLE	<u> </u>	8 2	<u> </u>
		<u></u>		
		<u> </u>	ĸ	
Treasurer Phone:	T95-292N	O	‡: 2	
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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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163,278.9(k).

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Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.