

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 C	RO-3500 (when amending,	only re-submit if applicable).
1. Committee Information		
a. Full Name	<u>na selentar selentar se</u>	c. ID Number
Gardenia M. Herley Campaign (<i>iommittee</i>	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized
		10-31-12
14920 Dld Walkertown Road, Wi	. ,	e. Phone Number
	27105	336-744-1578
2. Candidate Information	Cand	idate's Primary Committee
a, Fuli Name	e. Candidate ID Number	£ Party Affiliation
Gardenia M. Henley		Democrat
		(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
4920 Old Walkertown Road		
Winston - Salem, NC 27105	Mayor	
c . Phone Number d. Email Address	h. Next Election Year	i. Jurisdiction
332-744-1575 gmhenly @yahoo.com		
	- 2013	Winston - Salem
Email copy of notices		·
3. Treasurer Information	4. Custodian of Books In	formation
a. Full Name	a. Full Name	
Terrin Tucker	Terrin Tucker	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include Ci	ty, State, and Zip Code)
5385 Angel Oaks Drive	5385 Angel Dat	ks Drive
Winston-Salem, NC 27105	Winston-Salem	,NC 27105
c. Phone Number d. Email Address	c. Phone Number d. Ema	
336-816-1999 Terrin-Tucker@impactalliarce	336-816-1999 Terri	n-Turker & impactalliances,
I prefer to receive notices by email Yes No E Email copy of notices		
5. Assistant Treasurer Information 🖉 🔲 Add 🧭 6: Account Information 🥢 (incl. CRO-3500)		
a. Full Name	a. Financial Institution Full Na	me Remove
N/A	Bank of Ameri	m, NA 🗧 😤
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	
· · · · · · · · · · · · · · · · · · ·		
	Campaign	
c. Phone Number d. Email Address	c. Account Code d. Type	
		<u>ර</u>
	BKA BI	usiness Checking
Email copy of notices		0
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 corre		
Terrin R. Tucker Du	n R. Arih	10-31-12
Printed Name of Signer Signature of Appointed Treasurer Date		
CRO-2100A NC State Bo	ard of Elections	July 2011



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

:07

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:	Gardenia M. Henley
Treasurer Name:	Terrin Tucker
Treasurer Address:	5385 Angel Oaks Drive
(include city, state, & zip)	Winston - Salem, NC 27105
	· · · · · · · · · · · · · · · · · · ·
Treasurer Phone:	336 - 816 - 1999

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 amendthe 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).

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

CRO-3100

Certification of Treasurer

June 2007