

# Statement of Organization - Candidate Committee

Is this statement:

☐ 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.

## 1. Committee Information

a. Name of Committee <u>GARDENIA Henley Campaign Committee</u>	d. ID Number
b. Mailing Address (include City, State and Zip Code) <u>P.O. Box 11183 - Winston-Salem, N.C., 27116</u>	e. Date Organized <u>3-10-2022</u>
c. Committee Website (Optional) <u>thepoplescandidate.org</u>	f. Phone Number <u>(336) 744-1578</u>

## 2. Candidate Information

a. Full Name <u>GARDENIA Henley</u>	e. Party Affiliation <u>Democrat</u>
b. Mailing Address (include City, State, and Zip Code) <u>P.O. Box 11183 Winston-Salem, N.C. 27116</u>	f. Office Sought <u>Forsyth County Commissioner Dist. A</u>
c. Phone Number <u>336-744-1578</u>	d. Email Address <u>gmhenleycampaign@yahoo.com</u>
g. Next Election Year <u>2022</u>	
h. Jurisdiction <u>District - A</u>	

☒ Email copy of report notices

## 3. Treasurer Information

a. Full Name <u>GARDENIA Henley</u>	4. Assistant Treasurer Information
b. Mailing Address (include City, State, and Zip Code) <u>P.O. Box - 11183 Winston-Salem, N.C. 27116</u>	a. Full Name
c. Phone Number <u>336-744-1578</u>	b. Mailing Address (include City, State and Zip Code)
d. Email Address <u>gmhenleycampaign@yahoo.com</u>	c. Phone Number
	d. Email Address

Send report notices by email ☒ Yes ☐ No

☐ Email copy of report notices

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name	6. Account Information (incl. CRO-3500)
b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name <u>Bank of America</u>
c. Phone Number	b. Account Code <u>GH2020</u>
d. Email Address	c. Type <u>Checking</u>

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I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

GARDENIA Henley  
Printed Name of Treasurer

[Signature]  
Signature of Appointed Treasurer

3-25-2022  
Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

GARDENIA Henley  
Printed Name of Candidate

[Signature]  
Signature of Candidate

3-25-2022  
Date