

# 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.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Relection of Henry "Camp" Thornton			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 722 Stoneville, NC 27048		7/21/23	
c. Committee Website (Optional)		f. Phone Number	
		336-573-2772	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
HENRY CAMPBELL THORNTON		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 722 STONEVILLE, NC 27048		Town Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-573-2772	hthornton.sma@gmail.com		STONEVILLE
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Same		Same	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Same		Same	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
Same		Same	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<b>RECEIVED</b> <b>JUL 21 2023</b> Rockingham County, NC Board of Elections			
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.			
HENRY C THORNTON		7/21/23	
Printed Name of Treasurer		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.			
HENRY C THORNTON		7/21/23	
Printed Name of Candidate		Date	