

COPY

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to create a new or update an existing candidate committee. **FORSYTH COUNTY**
 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 ROBERT PERRY GREEN	c. ID Number ELOR33
b. Mailing Address (include City, State, and Zip Code) 140 RIDGE GATE CT. WAREHOUSING N.C. 28073	d. Date Organized 07/03/13
e. Phone Number 704-946-3691	

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name ROBERT PERRY GREEN	e. Candidate ID Number ELOR33	f. Party Affiliation N/A <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 140 RIDGE GATE CT. WAREHOUSING TOWN COUNCIL	g. Office Sought	
c. Phone Number 704-946-3691	d. Email Address ROB@PERRYGREEN.COM	h. Next Election Year 2013
<input type="checkbox"/> Email copy of notices		i. Jurisdiction FORSYTH

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name ROBERT PERRY GREEN	a. Full Name ROBERT PERRY GREEN	b. Mailing Address (include City, State, and Zip Code) 140 RIDGE GATE CT. WAREHOUSING N.C. 28073	b. Mailing Address (include City, State, and Zip Code) 140 RIDGE GATE CT. WAREHOUSING N.C. 28073
c. Phone Number 704-946-3691	d. Email Address ROB@PERRYGREEN.COM	c. Phone Number 704-946-3691	d. Email Address ROB@PERRYGREEN.COM
<input checked="" type="checkbox"/> I prefer to receive notices by email		<input type="checkbox"/> Email copy of notices	

5. Assistant Treasurer Information		6. Account Information (must CRO-3500)	
a. Full Name PHILIP D GREEN	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name WELLS FARGO	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code) 140 RIDGE GATE CT. WAREHOUSING N.C.	b. Purpose CAMPAIGN CONTRIBUTION		
c. Phone Number 704-946-3691	d. Email Address	e. Account Code [REDACTED]	f. Type CHECKING
<input type="checkbox"/> 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.

ROBERT PERRY GREEN Printed Name of Signer
Robert Perry Green Signature of Appointed Treasurer
07/08/2013 Date



2013 JUL -8 PM 2:17 North Carolina
State Board of Elections

RECEIVED

441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

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: ROBERT GREENE

Treasurer Name: ROBERT GREENE

Treasurer Address: 140 RIDGE CANYON CT

(include city, state, & zip) HAWESVILLE N.C. 27023

Treasurer Phone: 336-945-3621

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).

07/08/2013
Date Signed

Robert P. Greene
Signature of Candidate

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



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Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:

Committee Name: EARLT ROBERT GRABNER
Treasurer Name: ROBERT GRABNER
Treasurer Address: 140 RIDGE GATE CT
(include city, state, & zip) WENDELLVILLE N.C. 27023

Treasurer Phone: 336-943-3621

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 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 \$1,000 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.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 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.

07/08/2013
Date Signed

Robert P. [Signature]
Signature

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

FORSYTH COUNTY
BOARD OF ELECTIONS

2013 JUL -8 PM 2:17

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State Board of Elections
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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: ROBERT GRABNER

Committee Name: ELBERT ROBERT GRABNER

Treasurer Name: PHYLLIS D. GRABNER

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: ELCR 33

Level Registered: [State] [County] If county, specify: N.C. FORSYTH

I, ROBERT GRABNER, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>UNITED WAY</u>	_____
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Robert P. Strach

Date: 07/08/2013

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