

## Statement of Organization - Candidate Committee

**COPY**

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

<b>1. Committee Information</b>					
a. Full Name				c. ID Number	
Odys Allen Grubbs				SAY06A	
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
509 HEATHERTON LANE RURAL HALL N.C. 27045				7.12.04	
				e. Phone Number	
				336 969 5701	
<b>2. Candidate Information</b>					
<input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
Odys Allen Grubbs		SAY06A		Republican	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
509 HEATHERTON LANE RURAL HALL N.C. 27045		TOWN COUNCIL		RURAL HALL	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
Odys Allen Grubbs			candidate		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
509 HEATHERTON LANE RURAL HALL N.C. 27045			CANDIDATES Address & Phone No.		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336 969 5701					
<b>5. Assistant Treasurer Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>6. Account Information</b> (incl. CRO-3500)	
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name	
				Presently do NOT HAVE one	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
c. Phone Number	d. Email Address	c. Code	d. Type		
<b>CERTIFICATION</b>					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
Odys Allen Grubbs		Odys Allen Grubbs		7.19.04	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

CRO-2100A

NC State Board of Elections

May 2003

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FORSTH COUNTY  
BOARD OF ELECTIONS



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Treasurer**

**FILED BY:**

Candidate Name:

Odys Allen Grubbs

Treasurer Name:

Odys Allen Grubbs

Treasurer Address:

509 Heatherton Lane

(include city, state, & zip)

Rural Hall N.C. 27045

Treasurer Phone:

336 969 5701

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.

7.19.04

Date Signed

Odys Allen Grubbs

Signature of Candidate



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(919) 733-7173  
Fax: (919) 715-8047

**Certification of Threshold**

**FILED BY:**

Committee Name:

O. Allen Grobbs

Treasurer Name:

Odin Allen Grobbs

Treasurer Address:

509 HEATHERTON LANE

(include city, state, & zip)

RURAL HALL N.C. 27045

Treasurer Phone:

336 969 5701

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 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 \$3,000 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 under the \$3000 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.

7.19.04  
Date Signed

Odin Allen Grobbs  
Signature



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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: O. Allen Grubbs  
Treasurer Name: Odys Allen Grubbs  
Treasurer Address: 509 Heatherston Lane  
(include city, state, & zip) Rumbl Hall N.C. 27045  
Treasurer Phone: 336 969-5701

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code" confidentiality of the account number is presumed to have been waived. PRESENTLY HAVE NO BANK ACCOUNT

Type of account	Financial Institution	Address	Account Number	Code

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

7.19.04  
Date Signed

Odys Allen Grubbs  
Signature of Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

7.22.04  
Date Signed

Odys A. Grubbs  
Signature of Candidate