COPY

Statement of Organization - Candidate Committee

Amendment ☐ Yes ☐ No

Use this form to create a new or update an existing candidate committee.
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	c. ID Number
ELECT BOBBRT [redacted] GRBRNR	06QVR6
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
140 RIDGE GATE CT LEWISVILLE N.C 27023	07/05/11
	e. Phone Number
	336-945-3621

2. Candidate Information ☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
BOBBRT PRRY GRBRNR	06QVR6	N/P (Indicate Non-partican if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
140 RIDGE GATE CT LEWISVILLE N.C 27023	LEWISVILLE COUNCIL	
c. Phone Number / d. Email Address	h. Next Election Year	i. Jurisdiction
336-945-3621 / ROBTGRBRNR@AOL.COM	2011	FORSYTH

☐ Email copy of notices

3. Treasurer Information

a. Full Name	
BOBBRT PRRY GRBRNR	
b. Mailing Address (include City, State, and Zip Code)	
140 RIDGE GATE CT LEWISVILLE N.C 27023	
c. Phone Number	d. Email Address
336-945-3621	

I prefer to receive notices by email ☐ Yes ☑ No ☐ Email copy of notices

4. Custodian of Books Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

☐ Email copy of notices

5. Assistant Treasurer Information ☐ Add ☐ Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

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6. Account Information *(incl. CRO-3500)* ☐ Add ☐ Remove

a. Financial Institution Full Name	
FIRST COMMUNITY BANK	
b. Purpose	
CAMPAIGN TREASURER	
c. Account Code	d. Type
RPG	CHECKING

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FORSYTH COUNTY BOARD OF ELECTIONS

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.

BOBBRT GRBRNR	[redacted]	07/05/11
Printed Name of Signer	Signature of Appointed Treasurer	Date

COPY

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

Certification of Treasurer

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FORSYTH COUNTY
BOARD OF ELECTIONS

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 GATE CT

(include city, state, & zip) LEWISVILLE 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).

07/05/11
Date Signed

Signature of Candidate

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

COPY

North Carolina

State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

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Mailing Address
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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.

FORSYTH COUNTY BOARD OF ELECTIONS
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FILED BY:

Committee Name: Elect ROBERT GREENE

Treasurer Name: ROBERT GREENE

Treasurer Address: 140 RIDGE GATE CT

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

Treasurer Phone: 336-945-3621

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.

07/05/11
Date Signed

Robert Greene
Signature

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