DURHAM COUNTY BOARD OF ELECTIONS 2009



FOR MAYOR AND CITY COUNCIL (WARDS I, II and III)

TO THE DURHAM COUNTY BOARD OF ELECTIONS:	- 11
I hereby file notice that I am a candidate for election to the	e office of City Council
for the 2 nd Ward in the regular Municipal Election to	be held in the city of Durham on November 3, 2009.
1310 Connor Creek Drive	Matt Drew
1310 Copper Creek Drive Residence Address	Name as it will appear on Ballot
Durham, NC 277/3 City, State, Zip	Signature of Candidate
Oily, Glate, Zip	•
same	9/9 - 450 - 0037 9/9 - 638 - 4304 Home Telephone Work Telephone
Mailing Address	
Same	matt. drewe gmail. com
City, State, Zip	Emali Address
Certification of N	Notice of Candidacy
I hereby certify that MATT DRE WELLER TO SEE THE SERVICE OF THE SE	the candidate who signed above, personally appeared
before me this day and signed his/hearing to the assistance to the	Notice of Candidacy or acknowledged his/her
signature to be the same.	
This 6 day of July, 2009.	. •
MI PUBLIC S	NOGTABU / Nipe tor
Signature of Certifying Officer And COUNTY	NEDTARY DIRECTOR Title of Certifying Officer
Signature of Certifying Officer And COUNTAINE	
My commission expires on: May 31, 201	<u> </u>
Verification by Cou	unty Board of Elections
_	egistration records in Durham County and found
	be a registered voter in the City of Durham, Ward
County Chairman, Secretary or Director:	PA Ble
Signature and date	te
NOTICE TO CANDIDATES:	2.5
	fees, must be in the possession of the County Board of
Elections by NOON on FRIDAY, July 17, 2009, to be ac	ccepted. This does not mean in the mail at that time, and all
Notices arriving after that time cannot be accepted. Bus	siness, corporate checks or cash are not acceptable forms of
payment.	
FOR OFF	FICE USE ONLY
3 2 2)
2656 - 788.35 Check Number and Amount	Receipt Number
Réceived by	Date Received
,	Date i ingered

Statement of Organization - Candidate Committee 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.

Amendment Yes No

This form must be accompanied by forms CRO-31(A) and CR	Cashoo.	THE STATE OF THE S	
a. Full Name	All III Exercise and the second secon	c. ID Number	
Elect Matt Drew	ARRONNI (1-1) S G G G G G G G G G G G G G G G G G G		
h, Mailing Address (include City, State and Zip Code)		d. Date Organized	
1310 Copper Creek Orlve		6 July 2009	
Ourham NC 27713		e. Phone Number	
		919-638-4304	
CANADA CALCADA BARBARA SA CALCADA	Land State of the	二、編制 推翻 指揮 (4) 多。	
a. Full Name	c. Candidate ID Number	d. Party Affliation	
Matthew Philip Orew		the Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
1310 Copper creek Drive	Durham City Counc	il Ward 2	
Durham NC 27713	(If office sought is nonpartisan,	1774 oku	
	Party Affili		
		Meni 生生 医二氏性原生物	
a. Full Name	w. Full Name	est annumente differente en mentione en entre e	
Matthew Philip Orew	Matthew Philip		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State		
1310 Coppor Creak Drive	1310 Copper Creek Orive		
Durham NC 27713	Ourham NC 27713		
c. Phone Number d. Email Address	c. Phone Number d. Email Addr		
914-638-4304 matt. drew@gmail.com	919-638-4304 mutt.a	lrew Egmail.com	
		CRO ISON) Add	
n. Full Name	a. Financial Institution Full Name		
	Coastal Federal	Credit Union	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	TO THE SECOND CONTROL OF THE SECOND CONTROL	
RECEIV	ED		
r. Phone Number d. Email Address	c. Account Code d. Type		
JUL 1 3 20	<u> </u>	AND	
CERTIFICATION DURINAM CO	UNTY		
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.			
further certify that this report is complete, true and correct.			
Matthew P. Orew		12 July 2009	
Printed Name of Signer Signature of Appointed Transactor Date			



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

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:	ti (1) 0 0	
Candidate Name:	Matthew P. Onew	
Treasurer Name:	Matthew D. Oren	***************************************
Treasurer Address:	1310 Copper Creek Drive	
(include city, state, & zip)	Durham NC 27713	
		p. 4000
Treasurer Phone:	919-638-4304	*****************************
Treasurer Address: (include city, state, & zip)	1310 Copper Creek Drive Durham NC 27713	

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).

Dark Signed RECEIVED Signature of Candidate

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

DURHAM COUNTY BOARD OF ELECTIONS

CRO-3100

Certification of Treasurer

June 2007



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

RECEIVED

JUL 1 3 2009

DURHAM COUNTY BOARD OF ELECTIONS

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

Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:	
Committee Name:	Elect Matt Drew
Treasurer Name:	matthew P. Oren
Treasurer Address:	1310 Copper creek Orive
(include city, state, & zip)	Duchum NC 277/3
Treasurer Phone:	919-638-4304
election cycle under the pro until the end of the election expenditures during this ele- of elections and file required THIS DECLARATION CAR	N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
file the next scheduled repor	Certification to remain under the \$3000 threshold. I will now be required to it for all contributions and expenditures that have not been previously reported trent election cycle. I further agree to file all future reports required.
12 July 2009	Signature
Note: This Certification is to	be filed at the Election Board where the committee's campaign reports are filed.

CRO-3600

Certification of Threshold

June 2007



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

CRO-3900

RECEIVED

JUL 1 3 2009

DURHAM COUNTY BOARD OF ELECTIONS

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

June 2007

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). Matthew P. Drew Candidate Name: Committee Name: Treasurer Name: If Candidate is own treasurer, designate an agent to carry out designations: Ashton Committee ID #: [State] [County] If county, specify: Our ham Level Registered: _, hereby direct that in the event of my death or incapacity all 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). Plan for Disbursement (eg. Amount or %) Name of Entity 1. Libertarian Party of North Carolina 100% 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 Signature of Candidate: Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.

Candidate Designation of Committee Funds