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).

Committee Information

a. Full Name	c. ID Number
COMMITTE TO ELECT MATT SEARS	
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
622 MORNINGSIDE DR. DURHAM, NC 27713	12/18/13
	e. Phone Number 919-389-1867

Candidate Information ☐ Candidate for Appointed Office

a. Full Name	c. Candidate ID Number	f. Party Affiliation
MATTHEW MITCHELL SEARS		NON-PARTISAN (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	**g. Office Sought**	
622 MORNINGSIDE DR. DURHAM NC 27713	BOARD OF EDUCATION DISTRICT 3 SEAT	
e. Phone Number / **d. Email Address**	**h. Next Election Year**	**i. Jurisdiction**
9193891867 / mattmsears@gmail.com	2014	DISTRICT 3

☒ Email copy of notices

Treasurer Information

a. Full Name
DANIEL RAYMOND BOCK
b. Mailing Address (include City, State, and Zip Code)
606 CROSS TIMBERS DR. DURHAM, NC 27713
c. Phone Number / **d. Email Address**
919-967-7195 / ~~967~~ danbock@gmail.com

Co-Treasurer/Deputy Treasurer Information

a. Full Name
IN PERSON
b. Mailing Address (include City, State, and Zip Code)
DEC 19 2013 DURHAM BOE
c. Phone Number / **d. Email Address**

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

Campaign Depository Information ☐ Add ☐ Remove

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

☐ Email copy of notices

Campaign Depository Information (CRO-3500) ☒ Add ☐ Remove

a. Financial Institution Full Name
WELLS FARGO
b. Purpose
CAMPAIGN FINANCE
c. Account Code / **d. Type**
1 / CHECKING

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.

MATTHEW SEARS (Printed Name of Signer) — Matthew M Sears (Signature of Appointed Treasurer) — 12/18/2013 (Date)

IN-PERSON

DEC 19 2013

DURHAM BOE

North Carolina
State Board of Elections
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: MATTHEW MITCHELL SEARS

Treasurer Name: DANIEL RAYMOND BOCK

Treasurer Address: 606 CROSS TIMBERS DR.

(include city, state, & zip) DURHAM, NC 27713

Treasurer Phone: 919-967-7195

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).

12/18/2013
Date Signed

Matthew M Sears
Signature of Candidate

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

North Carolina
State Board of Elections
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

IN-PERSON

DEC 19 2013

DURHAM BOE

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: MATTHEW MITCHELL SEARS

Committee Name: COMMITTEE TO ELECT MATT SEARS

Treasurer Name: DANIEL RAYMOND BOCK

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

Committee ID #: _____

Level Registered: [State] [County] If county, specify: DURHAM

I, MATTHEW SEARS, 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.	RETURN TO CONTRIBUTORS	100 %
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: Matthew M Sears

Date: 12/19/13

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