Statement of Organization - Candidate CommitteeUse this form to create a new or update an existing candidate committee.

Ame	ndment	
$\overline{\mathbf{Q}}$	Yes	No

This form must be a 1. Committee Information		CRO-3100 and CR	O-3500 (when ame	nding, on	ly re-submit if applicable).
a. Full Name	THE REPORT OF THE PARTY OF THE		The state of the 		c. ID Number
Committee to Elect	Matt Sears		IN-PERS	ON	
b. Mailing Address (inc	lude City, State and Zip Co	de)	7,11 2.10		d. Date Organized
Pake Value of the Control of the Con			MAR 1 3 2	014	12/18/2013
1505 Blount St. Durham, NC 27707		DURHAM BOE		e. Phone Number	
1303 Blouint St. Du	mam, ive 27707		DOKHAM	BOE	
					919-389-1867
2. Candidate Infor	mation				ate's Primary Committee
a. Full Name			e. Candidate ID Numb	er	f. Party Affiliation
Matthew Mitchell Sears				Non-partisan	
					(Indicate Non-partican if applicable
b. Mailing Address (inc	lude City, State, and Zip Co	ode)	g. Office Sought		
1505 Blount St. Du	rham, NC 27707		Board of Education	n, District	3 Seat
c . Phone Number	d. Email Address		h. Next Election Year		i, Jurisdiction
919-389-1867	matt@votemattsears.c	om			Dii-4 2
□Email copy of	f notices		1	2014	District 3
3. Treasurer Infor			4. Custodian of B		rmation
a. Full Name	And The Control of th	in the state of th	a. Full Name		
Daniel Raymond Bo	ock				
b. Mailing Address (inc	lude City, State, and Zip C	ode)	b. Mailing Address (ir	clude City,	, State, and Zip Code)
606 Cross Timbers	Dr. Durham, NC 2771	3			
c. Phone Number	d. Email Address		c. Phone Number	d. Email	Address
919-967-7195	treasurer@votemattse	ars.com			
I prefer to receive	notices by email	☐ Yes ☐ No	Email copy	of notice	S
5. Assistant Treasu	irer Information	Add	6. Account Inform	nation	(incl. CRO-3500)
a. Full Name		Remove	a. Financial Institutio	n Full Nam	e Remove
b. Mailing Address (inc	lude City, State, and Zip C	ode)	b. Purpose		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
☐ Email copy of	of notices		-		
CERTIFICATION				<u> </u>	
I certify that the C	Committee or Fund is in	compliance with	all applicable provis	: sions of A	rticle 22A, 22B & 22D-22M of
Chapter 163 of th	e NC General Statutes	and that no funds	are commingled wit	h prohibit	ed or other non-disclosed funds.
I further certify th	at this report is comple	te, true and correc	t.		, 1
Mat	thew M. Sears	MARIA	Parli Ch.		3/12/2AIL
	ed Name of Signer		gnature of Appointed Tre	asurer	Date

Statement of Organization - Candidate Committee

Ame	endment	
図	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 Committee to Elect Matt Sears b. Mailing Address (include City, State and Zip Code) d. Date Organized 12/18/2013 622 Morningside Dr., Durham, NC 27713 e. Phone Number 919-389-1867 2. Candidate Information Candidate's Primary Committee a. Full Name f. Party Affiliation e. Candidate ID Number Non-partisan Matthew Mitchell Sears (Indicate Non-partican if applicable) b. Mailing Address (include City, State, and Zip Code) g. Office Sought 622 Morningside Dr. Durham, NC Board of Education, District 3 Seat c . Phone Number d. Email Address i. Jurisdiction h. Next Election Year 919-389-1867 matt@votemattsears.com District 3 Email copy of notices 3. Treasurer Information 4. Custodian of Books Information a. Full Name a. Full Name Daniel Raymond Bock b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code) IAN 07 2014 606 Cross Timbers Dr. Durham, NC 27713 c. Phone Number d. Email Address c. Phone Number 919-967-7195 treasurer@votemattsears.com I prefer to receive notices by email ✓ Yes Email copy of notices 5. Assistant Treasurer Information Add 6. Account Information (incl. CRO-3500) ✓ Add . Full Name Remove a. Financial Institution Full Name Remove Paypal b. Mailing Address (include City, State, and Zip Code) b. Purpose Campaign Finance Phone Number d. Email Address c. Account Code d. Type Online payment service ☐ 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. ew M. Sparg

Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.			Amendment No
This form must be accompanied by forms CRO-3100 and CR	O-3500 (when ame	nding, only i	re-submit if applicable).
5. Completes Deformation a. Full Name			c. ID Number
COMMITTE TO ELECT MATT S	EARS		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized
622 MORNINGSIDE DR.			12/18/13
DURHAM, NC 27713			e. Phone Number
			919-389-1867
- Paridage Intermitation		way and a feet out out out	
a. Full Name	e, Caudidate ID Numb		f, Party Affiliation
MATTHEW MITCHELL SEARS			NON - PART AW (Indicate Non-partisan if applicable
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought		
622 MORNINGSIDE DR. DURHAM			SUCHTON SEAT
c . Phone Number d, Email Address	h. Next Election Year		risdiction
98381847 Mattusears@gmail.com	2014	2	istrict 3
22 Chiun copy of horices		I	
Section copy of forces			2600
Consume a formation	a. Full Name	tan amala and analysis of	alian
DANIEL BOCK	a. Full Name		. No. of the substitute of contract of the substitute of the subst
DANIEL BOCK b. Mailing Address (include City, State, and Zip Code)	5,	chide Cily, Sta	PERSON Ie, und Zip Code)
DANIEL BOCK	a. Full Name	chide Cily, Sta	. No. of the substitute of contract of the substitute of the subst
DANIEL BOCK b. Mailing Address (include City, State, and Zip Code) 606 CROSS TIMBERS DR.	a. Full Name	chide Cily, Sta	PERSON Ie, und Zip Code)
First Name RAYMOUD DANIEL BOCK b. Mailing Address (include City, State, and Zip Code) 606 CROSS TIMBERS DR. DUKHAM, NC 27713 c. Phone Number q 19-967- q 19-195 d. Email Address q 19-195- q 2011. can I prefer to receive notices by email MYes \(\sum \) No	a. Full Name b. Mailing Address (inc. c. Phone Number Email copy o	d. Enlandshift	C 19 2013
First Name RAYMOUD DANIEL BOCK b. Mailing Address (include City, State, and Zip Code) 606 CROSS TIMBERS DR. DUKHAM, NC 27713 c. Phone Number 919-967-	a. Full Name b. Mailing Address (inc. c. Phone Number Email copy o	d. Enlandshif	C 1 9 2013
First Name RAYMOUD DANIEL BOCK b. Mailing Address (include City, State, and Zip Code) 606 CROSS TIMBERS DR. DUKHAM, NC 27713 c. Phone Number 919-967-	a. Full Name b. Mailing Address (inc. c. Phone Number	d. Enlandshift	C 19 2013
First Name RAYMOUD DANIEL BOCK b. Mailing Address (include City, State, and Zip Code) 606 CROSS TIMBERS DR. DUKHAM, NC 27713 c. Phone Number 919-967-	a. Full Name b. Mailing Address (inc. c. Phone Number Email copy of	d. Enlandshift	C 19 2013
Establishme RAYMOUD DANIEL BOCK b. Mailing Address (include City, State, and Zip Code) 606 CROSS TIMBERS DR. DURHAM, NC 27713 c. Phone Number q. 19-967- q. dan bocke q. 19-967- q. 19-967- q. 19-967- q. 19-967- q. 19	a. Full Name b. Mailing Address (inc. c. Phone Number Email copy of the copy	d. Ental 455 f notices Full Name	C 19 2013 CHAM BOE
Establishme RAYMOUD DANIEL BOCK b. Mailing Address (include City, State, and Zip Code) 606 CROSS TIMBERS DR. DURHAM, NC 27713 c. Phone Number q. 19-967- q. dan bocke q. 19-967- q. 19-967- q. 19-967- q. 19-967- q. 19	a. Full Name b. Mailing Address (inc. c. Phone Number Email copy of Actual States of	d. Ental 455 f notices Full Name	C 19 2013 CHAM BOE
Full Name RAYMOUD DANIEL BOCK b. Mailing Address (include City, State, and Zip Code) 606 CROSS TIMBERS DR. DUKHAM, NC 27713 c. Phone Number q 19-967- quil. can I prefer to receive notices by email Tyes No Assistant Address Remove b. Mailing Address (include City, State, and Zip Code)	a. Full Name b. Mailing Address (inc. c. Phone Number Email copy of the copy	d. Enlandshift Inotices Full Name CGO A. Type	C 19 2013 CHAM BOE

I further certify that this report is complete, true and correct

MATTHEW SEYNES
Printed Name of Signer

Signature of Appointed Treasurer

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.



North Carolina State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director IN-PERSON
DEC 1¶ 2013
DURHAM BOE

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)	DURITAM, 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

Matthe M. Signature of Candidate

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

CRO-3100

Certification of Treasurer

May 2013



IN-PERSON DEC 1 9 2013 **DURHAM BOE**

Kim Westbrook Strach Executive Director

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

<u>Car</u>	ndidate Designation o	f Committee Fund	ds
	date committees only and allows the are to be disbursed using the eight		
Candidate Name:	MATTHEW MITC	HELL SEARS	
Committee Name:	COUNTITEE TO E	LECT MATT S	EARS
Treasurer Name:	DANIEL RAYMON	ID BOCK	
If Candidate is own tre	easurer, designate an agent to	earry out designations:	
Committee ID #:			
Level Registered:	[State] [County] If county, sp.	ecify: DuettA/	<u>u</u>
debts or reasonable c following manner as p	v Campaign Committee account penses for winding up the committed by N.C. Gen. Stat. 16 of Entity (163-278.168(a))	Committee or closing of	fice) be paid in the
1. Returns to	CONTRIBUTORS	100 %	.
2			
3			
	certify that the foregoing entitions (Acopy of this form shape)	_	
Signature of Candidate	: Marth	n Oh	
Date:	12 19 13		
Note: This Designation	is to be filed with the Election Board	where the committee's campai	gn reports are filed.
CRO-3900	Candidate Designation	of Committee Funds	May 2013