



## 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:			
Candidate Name:	Matthew W. Shelter		•
Treasurer Name:	Matthew W. Shelton		I I
Treasurer Address:	4505 Bonbrook Dr.	2 5	
(include city, state, & zip)	Winston-Salem NC 27106		
Treasurer Phone:	336 231 9362		<u> </u>
			<del>))</del>

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).

gned Signature of Candidate

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

# 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

1. Committee Information	<del>(0-3300.</del>				
a. Pull Name		c, ID Number			
Matthew Shelten for Northwes	st Ward City Cour				
b. Mailing Address (include City, State and Zip Code)		d. Date Organized			
4505 Bonbrook Dr.	7/8/05				
Winston-Salem, NC 27/06	>	e. Phone Number			
<u>'</u>	336-231-9362				
2. Candidate Information	Candidate's Primary Comm	ittee			
a. Full Name	c. Candidate ID Number	d. Party Affiliation			
Matthew W. Shelter	9com 72	Republican			
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction			
4505 Bonbrook Dr. Winston-Salem NC, 27/06	Wirston Salem	Council Northwa			
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)				
3. Treasurer Information	4. Custodian of Books Inform	ation			
a. Full Name	a. Full Name				
Matthew W. She Iton	Nathew W. Sh	eltan			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, Sta	ite, and Zip Code)			
4505 Bonbrook Dr	4505 Bonbrook I	<b>→</b>			
Winston-Salem, NC 27106	Winston-Salem,	NC 27106			
c. Phone Number d. Email Address  Matthew - Shetten	c. Phone Number d. Email Add	iress 2-W-Shellon®			
3362319362 @ bellsouth, net	3362319362 be [150	ith not			
5. Assistant Treasurer Information Add Add	6. Account Information (inc				
a. Full Name Remove	a. Financial Institution Full Name	Remove			
	RB+T				
b. Mailing Address (include City, State, and Zip Code)	b. Purpose				
	Campaign fir	1anC			
c. Phone Number d. Email Address	c. Account Code d. Type				
	1463 Chec	16,100			
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 (1) Shaltern M	UTX)	1/15/16			
Printed Name of Signer Sign	ature of Appointed Treasurer	Daye			



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506 N Harrington Street Raleigh, NC 27603

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CRO-3600

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June 2007

## **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

Committee Name:  Matthew She for Sor Watthwest hand City Control  Treasurer Name:  Matthew W. She for  Treasurer Address:  (include city, state, & zip)  Liston - Salem, W. 2760.  Treasurer Phone:  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 Gs. 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.  Date Signed	FILED BY:	
Treasurer Address:  (include city, state, & zip)    Ston - Salem   NC 27(0)    Treasurer Phone:   Ston - Salem   S	Committee Name:	Matthew She Hon for Northwest Ward City Coor
Treasurer Address:  (include city, state, & zip)    Ston - Salem   NC 27(0)    Treasurer Phone:   Ston - Salem   S	Treasurer Name:	Matthew W. Shelton
Treasurer Phone:    336-231-9362    Check One:	Treasurer Address:	
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.  Date Signed	(include city, state, & zip)	Wiston-Salem, NC 27106
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Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.	I certify that this come lection cycle under the pruntil the end of the election expenditures during this elections and file require THIS DECLARATION CALL.  I am withdrawing my file the next scheduled report from the beginning of the control of the control of the signed.	occdures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$3,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate board at campaign finance reports.  AN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  The Certification to remain under the \$3000 threshold. I will now be required to cort for all contributions and expenditures that have not been previously reported current election cycle. I further agree to file all future reports required.  Signature

Certification of Threshold





#### North Carolina

State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

FILED BY:

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

Confidential

## **Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

Matthew Shelton for Northwest Ward City Council Mouther W. Shelton

(include city, state	, & zip) Wins	ton-Salem, NO	27106	
Treasurer Phon	e: <u>336 Z</u>	319262		200
the above named Co	mmittee. These account:	is true and accurate. I am pronumbers include all bank accurate financial account used for	counts utilized, credit card ac	counts,
The information provided information provided court of competent juto provide account in	vided on this form is cond would only be used four inisdiction. It will be necessified the initial of the initi	sidered confidential and is not the purposes of an audit of the purposes of an audit of the purposes of an account is closure reports. If an account is closure reports is a presumed to have been waiting the purposes of the	ot subject to public disclosur or investigation or as require at number a "account code" in ount number is used as the "a	re. The ed by a
The treasurer shall nexclusively by the po	naintain all moneys of the	e political committee in a bull not commingle those fund	ank account or bank accoun s with any other moneys.	ts used
Type of account	Financial Institution	Address	Account Number	Account Code
Checking	BB+T	LOOD University PK	wy	1463
		600 University PKI Winston-Salend, NC	27105	
By signing this state provided.	ement, I authorize agents	s of the State Board of Election	ons to inspect all accounts	
Date Signed		To fell	Signature of Candidate or Treasurer	
In lieu of providing except for the filing	account information, I cg fee. (Only candidates m	ertify that this committee wil		
Date Signed			Signature of Candidate or Treasurer	
CRO-3500	Certification (	of Financial Account Informe	ation Augus	st 2008