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Amendment
 Yes No

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee JUL 18 2011
 This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

WAKE CO. BOARD OF ELECTIONS

1. Committee Information			2. Candidate Information		
a. Full Name		c. ID Number	a. Full Name		e. Candidate ID Number
Cynthia C. Matson for school board - Wake County		45-2726340	Cynthia C. Matson		
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	b. Mailing Address (include City, State, and Zip Code)		g. Office Sought
6016 Heatherstone Dr. Raleigh NC 27606		7-18-11	6016 Heatherstone Dr. Raleigh NC 27606		Wake County School Board
		e. Phone Number	c. Phone Number		d. Email Address
		919-852-0282	919-852-0282		cmatson1@nc.rr.com
<input type="checkbox"/> Candidate's Primary Committee			f. Party Affiliation		
			Non-partisan Republican (Indicate Non-partisan if applicable)		
3. Treasurer Information		4. Custodian of Books Information			
a. Full Name		a. Full Name		a. Full Name	
William K. Bevan		William K. Bevan		William K. Bevan	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
201 Drakewood Place Cary NC 27518		201 Drakewood Place Cary NC 27518		201 Drakewood Place Cary NC 27518	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address	i. Jurisdiction	
919-367-8002	bbevan@nc.rr.com	919-367-8002	bbevan@nc.rr.com	Dist. 5	
<input type="checkbox"/> Email copy of notices			<input checked="" type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name		a. Financial Institution Full Name		b. Purpose	
NONE		Sun Trust Bank		campaign checking	
b. Mailing Address (include City, State, and Zip Code)		c. Account Code		d. Type	
		WKB		checking	
<input type="checkbox"/> Email copy of notices			<input type="checkbox"/> 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.					
William K. Bevan		William K. Bevan		7-18-11	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



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

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WAKE CO. BOARD OF ELECTIONS

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: Cynthia C. Matson

Treasurer Name: William K. Beran

Treasurer Address: 201 Drakewood Place

(include city, state, & zip) Cary NC 27518

Treasurer Phone: 919-367-8002

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).

 Date Signed

 Signature of Candidate

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



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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: Cynthia C. Matson

Committee Name: Cynthia Matson for School Board

Treasurer Name: William K. Bevan

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

Committee ID #: 45-2726340

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

I, Cynthia Matson, 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Joan Chiklis</u>	<u>100%</u>
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: _____

Date: _____

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