



09-24-15 14:02 RCVD

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

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Matthew Dobson for City Council

Treasurer Name: Matthew D. Dobson

Treasurer Address: 4010 Cullen Ct

(include city, state, & zip) Burlington, NC 27215

Treasurer Phone: 336-525-6515

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 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 \$1,000 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 at or under the \$1,000 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.

9/24/10
Date Signed

[Signature]
Signature

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).

1. Committee Information					
a. Full Name Matthew Dobson for City Council				c. ID Number	
b. Mailing Address (include City, State and Zip Code) 4010 Cullen Ct Burlington, NC 27215				d. Date Organized 7/10/15	
				e. Phone Number	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name Matthew D. Dobson			c. Candidate ID Number		f. Party Affiliation HP <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 4010 Cullen Ct.			g. Office Sought		
c. Phone Number 336-5256515		d. Email Address matthewdobson1855@yahoo.com		h. Next Election Year	
				i. Jurisdiction	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name Matthew D. Dobson			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 4010 Cullen Ct Burlington, NC 27215			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 336-5256515		d. Email Address matthewdobson1855@yahoo.com		c. Phone Number	
				d. Email Address	
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information <small>(incl. CRO-3500)</small>		
a. Full Name			a. Financial Institution Full Name Wells Fargo		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			b. Purpose Campaign Acct.		
c. Phone Number		d. Email Address		c. Account Code 1	
				d. Type Checking	
<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.					
Matthew Dobson		[Signature]		9/24/15	
Printed Name of Signer		Signature of Appointed Treasurer		Date	