Disclosure Report Cover

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information					
a. Full Name				c. ID Number	
Matthew for	Alderman	ME	GEIVEN	3DUT3N	
b. Mailing Address (include City, State		13	2 2 2 2 2 2	d. Date Filed	
1081 17th Aue	NW		OCT 3 0 2017	10/30/2017	
Hickory, NC 286	10			e. Phone Number	
1112400 / 1.	,	Ву	THE OF SALE AND ADDRESS OF THE PARTY OF THE	828-455-8203	
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name					
2017 09/26/2017 10/23/2017 Matthew Alan Mariding					
6. Type of Committee (Check O	Line Vancouries and the Control of t	CONTRACTOR DESCRIPTION AND INCOME.		report from one category)	
Candidate Campaign Party			State/County	Referendum	
	rendum Organ		Organizational	Organizational	
Independent Expenditure I Joint		y-five day	Quarterly	Pre-referendum Final	
Legal Expense Fund		rimary	First) benef	
		lection	Second Third	Supplemental Final Annual	
7. Type of Fund (if applicable,			Fourth	Special	
Booster Fund		-annual Mid Year	Semi-annual	L Special	
Building Fund	h	Year End	Mid Year	10. Special Report Name	
	H Final		Year End	10. Special Report Plante	
Other: 8. Number of Fundraisers this	- I have		Final		
8. Number of Fundraisers this	Keport Spec	lai	Special		
11. Account Information			Account Information nancial Institution Full Nam		
a. Financial Institution Full Name		a. Fi	nancial Institution Fun Nam		
b. Purpose	c. Account Code	b. Pt	ırpose	c. Account Code	
			Haran III and I've		
Campaign	MAM	İ			
Carrie J	d. Period Begin Balance			d. Period Begin Balance	
	\$ 1,141.38			\$	
CERTIFICATION	Ψ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	d is in someliones with	all applicable	e provisions of Article 22A	A, 22B & 22D-22M of Chapter 163	
I certify that the Committee or Full	ia is in computance with	ran applicant dod with orol	abited or other non-disclos	sed funds. I further certify that this	
report is complete, true and correct	t and that I have been tr	ained by the	NC State Board of Election	ıs.	
report is complete, true and correct	t and that I have been to	1 1			
Malley Nand	10.4	· A La	thew Mali	10/30/17	
Printed Name of Sign	er	Signatur	e of Appointed Treasurer	Date	
FOR OFFICE USE ONLY					
200.00000 97800				Delivery Method	
Date Received:		Employee:		☐ Normal Mail	
		C		☐ Registered Mail	
Date Postmarked:		Employee:		☐ Hand Delivered	
Date Scanned:		Employee:		☐ Electronically Filed	
Date Scamed.		Zinque jee.		☐ Signer has not received	
Date Data Entered:		Employee:		mandatory training	
Place Note: This form	unnot be used to amon	d committee	e information such as the	committee address, treasurer	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.					
assistan	the Statement of O	or books IIII	RO-2100A-E) to make of	committee changes	
You must amend	the Statement of Orga	anization (C	NO-2100A-E) to make t	Committee changes.	

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

Amendment No

	. Type of Report	一种。苏西亚亚亚	3. ID Number
Matthew for Alderman	2017 Pre Election		3DUT3N
Start of Election Cycle: January 1,	2017	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 1141.38	S 0.00
RECEIPTS		Mark State of the	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 140.00
6) Contributions from Individuals	(CRO-1210)	\$	\$ 2836.08
7) Contributions from Political Party Committees	(CRO-1220)	\$ 2000.00	\$ 2000.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$.59	\$.78
11b) Contributions from Not-for-Profit Organizatio	ns <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	, 11d and 11e)	\$ 2000.59	\$ 4976.86
EXPENDITURES	显得对数数		
13) Disbursements	4000 4440	0.42.80	\$ 2367.70
13a) Operating Expenditures	(CRO-1310)	\$ 943.89	
13b) Contributions to Candidates/Political Committee		\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$ 35.00
17) In-Kind Contributions	(CRO-1510)	\$	\$ 376.08
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$ 943.89	\$ 2778.78
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	\$ 2198.08	\$ 2198.08
ADDITIONAL INFORMATION	(CRO-1330)	\$	NOT THE STATE OF T
20) Non-Monetary Gifts Given to Other Committees		\$	
21) Outstanding Loans (incl. ones from other campaign			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	¢
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded NC State Board of Electric NC State Board	(CRO-1215)	\$	\$ August 2008

		cal Party Committee as from a political party	S Pg 1 of 1	_ Yes No
	Full Name (and Fund	CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE		2. ID Number
	atthew for	A \	2000 A	3DUT3N
3. Contributor		Alderman Add	Remove	
	ling Address & Phone			o. Comments
(include city, sta				
Queen	for Congret Ruis Rd Ly, NC 2801	SS		
340 Do	avis Rd		<u> </u>	
Friest Ci	1086 MY NE	13		E. Election Sum to Date
Total Ci	14,100	, ,		\$ J,000.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	
MAM	Check		10/17/201	7 s2,000,00
				S
				S
3. Contributor	Information	Add	Remove	
a. Full Name, Mai	ling Address & Phone			b. Comments
				c. Election Sum to Date
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	y) h. Amount
a. Account code	C. Form of Fayment		B	s
	-			
				\$
				\$
3. Contributor	Information	Add	Remove	
	ling Address & Phone			b. Comments
(include city, sta	ate, & zip)			
				c. Election Sum to Date
				\$
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	y) h. Amount
u. Account Code	C. A Olin O. A ayment			\$
				\$
				\$
4. Total only	y this Page			\$ 2,000.°°
TO THE REAL PROPERTY AND ADDRESS OF THE PARTY OF THE PART	ALL CRO-1220 Pa			\$ 2,000.°° \$ 2,006.°°
(This line must CRO-1220	be on line 7 of Detailed Sun	imary Page CRO-1100) NC State Board of Elec	ctions	April 200
CKO-1220		The office Double of Life	*** ** *******************************	

Amendment

1. Committee	Full Name (and Fund	if applicable)		可当 [1]	2.]	D Number
Matthew for Alderman			3DUT3N			
	eipt Source (Please 1	ise separate CRO-12	250 forms for eac	ch type of Receip	t Sou	rce. <u>)</u>
Interest		ibutions from Not-for-Pro	NAME OF TAXABLE PARTY.		e Sourc	es of Income
4. Contributor			Add R	emove	Li c	Comments
include city, sta	iling Address & Phone ate, & zip)		b. Not-for-Profi	it rederal II) #	u. c	oninicitis
		1 11:00				
2025	Inplayees Cred Nota St N		c. Outside Sour	ce Explanation		
0810	100, 24 10				e F	lection Sum to Date
Hickory	, NC 28601				\$ 0.78	
1-10.7						
. Account Code	g. Form of Payment	h. In-Kind Descript	ion	i. Date (mm/dd/y		j. Amount
MAM	Draft			10/17/20	710	\$ 6.59
						S
. Contributor	: Information	ESTABLISHED OF THE STATE OF THE	Add R	lemove		
	iling Address & Phone		b. Not-for-Prof	it Federal ID#	d. C	Comments
				13	100	
			c. Outside Sour	ce Explanation		Election Sum to Date
		1			\$	
. Account Code	g. Form of Payment	h. In-Kind Descript		i. Date (mm/dd/	\$	j. Amount
. Account Code	g. Form of Payment	h. In-Kind Descript			\$	
. Account Code	g. Form of Payment	h. In-Kind Descript			\$	j. Amount
		h. In-Kind Descript	lion		\$	j. Amount
Account Code 4. Contributor a. Full Name, Ma		h. In-Kind Descript	tion	i. Date (mm/dd/ Memove	\$	j. Amount
4. Contributo	r Information iling Address & Phone	h. In-Kind Descript	lion □ Add □ F	i. Date (mm/dd/ Memove	\$	j. Amount \$ \$
4. Contributo a. Full Name, Ma	r Information iling Address & Phone	h. In-Kind Descript	□ Add □ F b. Not-for-Prof	i. Date (mm/dd/ Memove	\$	j. Amount \$ \$
4. Contributo a. Full Name, Ma	r Information iling Address & Phone	h. In-Kind Descript	□ Add □ F b. Not-for-Prof	i. Date (mm/dd/ demove it Federal ID#	\$ yyyy)	j. Amount \$ \$ Comments
4. Contributo 1. Full Name, Ma	r Information iling Address & Phone	h. In-Kind Descript	□ Add □ F b. Not-for-Prof	i. Date (mm/dd/ demove it Federal ID#	\$ yyyy)	j. Amount \$ \$
4. Contributo a. Full Name, Ma	r Information iling Address & Phone	h. In-Kind Descript	□ Add □ F b. Not-for-Prof	i. Date (mm/dd/ demove it Federal ID#	\$ yyyy)	j. Amount \$ \$ Comments
4. Contributor a. Full Name, Ma (include city, st	r Information iling Address & Phone	h. In-Kind Descript	□ Add □ F b. Not-for-Prof c. Outside Sour	i. Date (mm/dd/ demove it Federal ID#	d. (d. (s. 1)	j. Amount \$ \$ Comments
4. Contributo a. Full Name, Ma	r Information iling Address & Phone ate, & zip)		□ Add □ F b. Not-for-Prof c. Outside Sour	i. Date (mm/dd/g	d. (d. (s. 1)	j. Amount \$ \$ Comments
4. Contributon a. Full Name, Ma (include city, st	r Information iling Address & Phone ate, & zip)		□ Add □ F b. Not-for-Prof c. Outside Sour	i. Date (mm/dd/g	d. (d. (s. 1)	j. Amount \$ S Comments Election Sum to Date j. Amount

5. Total only this Page

6. Total of ALL CRO-1250 Pages

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)

\$ 0.59

\$ 0.59

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number
3. Type of Disb		so uso sonarato (RO-1310 forms for each t	ing of Dishursan	3DUT3N
Operating E			ndidates/Political Committees		pordinated Party Expenditures
4. Payee Inform		《 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) CopyMasters PO BOX 3738 Hickory NC 28603		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) Federal County:			
		State 🖂	Municipality:	e. Election Sum to Date \$ 2367.70	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAM	Draft	В	10/02/2017	\$40.00	Signs
MAM	Draft	В	10/22/2017	\$903.89	Signs
4. Payee Inform	ation	A CONTRACT OF STREET	Add	Remove	2017年建筑和1018年本版
	ing Address & Phone	e v zachose meze	b. Coordinated Committee Na		d. Comments
			c. Level Registered (Specify) Federal County:		
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Inform		THE REST	Add	Remove	
a. Full Name, Mail (include city, state,	ing Address & Phone & zip)		b. Coordinated Committee N	ame	d. Comments
			c. Level Registered (Specify)		
		Federal County: State Municipality:		e. Election Sum to Date	
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only th	is Page		TO A STANISH OF THE	CAN TO THE LOW	\$ 943.89
(This line goes in (This line goes in	ı line 13b of Detailed Sur	nmary Page CRO-110	00 if Operating Expenses) 00 if Contrib to Candidates/Politi 00 if Coordinated Party Expenditi		\$ 943.89
	les (List detailed ex				
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties			H* - Holdin	her Candidate g Public Office Expenses on to Legal Expense Fund
* Codes require detailed explanation in required remarks field (k)					