

# 48-Hour Notice

Amendment

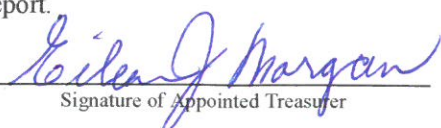
Page **1** of **1**

Yes  No

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1<sup>st</sup> Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3<sup>rd</sup> Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect DeDreana Freeman			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
PO Box 222 Durham, NC 27702-0222		11/06/2017	
		e. Phone Number	
		919-886-5448	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Dory A Van Duzer 2017 Sprunt Ave Durham, NC 27705		IN PERSON NOV 06 2017 DURHAM BOE	
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee (if checked, must specify b1)		<input type="checkbox"/> Other Political Committee (if checked, must specify b1)	
<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)		<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____	
<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: <u>Durham</u>		<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Retired Farmer			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Agriculture	Check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
11/04/2017	\$ 1000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
DF100	\$ 2430.00		\$
<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)		\$ 1000.00	
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)		\$	
<b>CERTIFICATION</b>			
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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
_____ Eileen J Morgan Printed Name of Signer		_____  Signature of Appointed Treasurer	
		_____ 11/6/17 Date	

# 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 Committee to Elect Matt Sears	c. ID Number
b. Mailing Address (include City, State and Zip Code)  1505 Blount St. Durham, NC 27707	d. Date Organized 12/1/2017
	e. Phone Number 919-389-1867

IN PERSON  
 DEC 01 2017  
 DURHAM BOE


2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Matthew Mitchell Sears	e. Candidate ID Number	f. Party Affiliation Democrat	
b. Mailing Address (include City, State, and Zip Code) 1505 Blount St. Durham, NC 27707		g. Office Sought Board of Education, District 3	
c. Phone Number 919-389-1867	d. Email Address info@votemattsears.com	h. Next Election Year 2018	i. Jurisdiction District 3
<input type="checkbox"/> Email copy of notices			

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Daniel Raymond Bock	b. Mailing Address (include City, State, and Zip Code) 915 Urban Ave. Durham, NC 27701	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number 919-260-6559	d. Email Address danboack@gmail.com	c. Phone Number	d. Email Address
I prefer to receive my 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 (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name PayPal	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Finance	
c. Phone Number	d. Email Address	c. Account Code 1	d. Type Online payment serv.
<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 M. Sears  
 Printed Name of Signer

  
 Signature of Appointed Treasurer

12/1/17  
 Date



# Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable)

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IN PERSON DEC 01 2017 DURHAM BOE	
	e. Phone Number 919-389-1867

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Matthew Mitchell Sears	e. Candidate ID Number	f. Party Affiliation Democrat	
b. Mailing Address (include City, State, and Zip Code) 1505 Blount St. Durham, NC 27707	g. Office Sought Board of Education, District 3		
c. Phone Number 919-389-1867	d. Email Address info@votemattsears.com	h. Next Election Year 2018	i. Jurisdiction District 3
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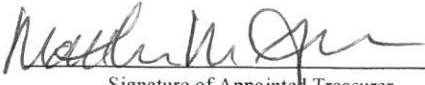
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Daniel Raymond Bock	a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 915 Urban Ave. Durham, NC 27701	b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 919-260-6559	d. Email Address danboack@gmail.com	c. Phone Number	d. Email Address
I prefer to receive my 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 (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name Wells Fargo	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	b. Purpose Campaign Finance		
c. Phone Number	d. Email Address	c. Account Code 2	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 M. Sears  
 Printed Name of Signer

\_\_\_\_\_  
  
 Signature of Appointed Treasurer

\_\_\_\_\_  
 12/1/17  
 Date