					Amei	ndment			
48-Hour Notice	Page	1	of	1		Yes	\boxtimes	No	
II. d. C. d. H. H. H. H. C.		_		_					

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 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd 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	or the 10 hour deddine.		
a. Full Name			c. ID Number
Committee to Elect DeDreana Freema	n		
b. Mailing Address (include City, State and Zi	p 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	Add	a. Full Name, Mailing Address & Phor	ne Add
(include city, state, and zip)	Remove	(include city, state, and zip)	Remove
Dory A Van Duzer			
2017 Sprunt Ave			NI DEDCOM
Durham, NC 27705			IN PERSON
			NOV 0 6 2017
			NOV 0 6 2017
			DURHAM BOE
b. Type of Contributor		b. Type of Contributor	DURRAM BUE
	d, must specify b2 and b3)	Individual (if	checked, must specify b2 and b3)
Political Party		Political Party	
Other Political Committee (if checked	l, must specify b1)	Other Political Committee (if	checked, must specify b1)
	l, must specify b4)	Not-for-Profit (if	checked, must specify b4)
Other Source:		Other Source:	
b1. Type of Committee		b1. Type of Committee	
Federal County:		Federal County:	
State Municipality:	Durham	State 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	a. Date (min da. 3333)	S
e. Account Code	g. Election Sum to Date	e. Account Code	
DF100	\$ 2430.00	e. Account Code	g. Election Sum to Date
			\$
3. Total Contributions THIS Page	(sum all the '2f' entries on th	is page)	\$ 1000.00
4. Total Contributions ALL Pages	(if multi-page, only list on po	age 1)	\$
CERTIFICATION			
I certify that the Committee or Fund is in	compliance with all applica	able provisions of Article 22A, 22B,	& 22D-22M of Chapter 163
of the NC General Statutes and that no fi	ands are commingled with pr	rohibited or other non-disclosed fun	ds. I further certify that this
report is complete, true, correct and that	I have been trained by the N	C State Board of Elections. The cor	ntributions were received no
more than 48 hours prior to this notice be	eing filed. I understand that	all contributions including those rep	ported on this notice must also
be reported on the next scheduled campa	ign disclosure report.		1
F. 1.1	8 -0	(kha a say)	
Eileen J Morgan		and Margan	11/6/17
Printed Name of Signer	Signatur	re of Appointed Treasurer	Date
		//	

Statement of Organization - Candidate Committee

Amer	dment			
	Yes	\boxtimes	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 Informati	on				
a. Full Name			c. ID Num	iber	
Committee to Elect Matt	Sears			and the second s	
b. Mailing Address (include C	City, State and Zip Code)	SEDOON!	d. Date Or	rganized	
	IN F	*EKSUN			
1505 PL . G. P. I	DE(0 0 1 2017	12/1/201		
1505 Blount St. Durhai	m, NC 27707		e. Phone N	Number	
	DUR	HAM BOE	919-389-	-1867	
2. Candidate Informatio	n	Candidate'	's Primary Con	nmittee	
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Matthew Mitchell Sears				Democrat	
b. Mailing Address (include C	ity, State, and Zip Code)	g. Office Sought			
1505 Blount St. Durham	, NC 27707				
		Board of Education, Dis	strict 3		
c. Phone Number	d. Email Address				
919-389-1867	info@votemattsears.com	h. Next Election Year		i. Jurisdiction	
		2018		District 3	
Email copy of noticesTreasurer Information		1 Custodian of Pooks	Information		
a. Full Name		4. Custodian of Books Information a. Full Name			
Daniel Raymond Bock		a. run ivame			
o. Mailing Address (include Ci	ty, State, and Zip Code)	b. Mailing Address (include	City, State, and Z	Lip Code)	
915 Urban Ave. Durham	, NC 27701		•		
. Phone Number	d. Email Address	c. Phone Number	d. Email Ac	ddress	
919-260-6559	danboack@gmail.com				
prefer to receive my notice	ces by email Yes No	☐ Email copy of notices	S		
. Assistant Treasurer In	formation	6. Account Information (incl. CRO-3500) Add			
. Full Name	Remove	a. Financial Institution Full Name Remove			
		PayPal	0.00		
. Mailing Address (include Cit	ty, State, and Zip Code)	b. Purpose			
		Campaign Finance			
. Phone Number	d. Email Address	c. Account Code		d. Type	
Email copy of notices		1		Online payment serv.	
CERTIFICATION					
	e or Fund is in compliance with all	applicable provisions of A	article 22A, 22l	b, & 22D-22M of Chapte ed funds. I further certify	
63 of the NC General Stat hat this report is complete,	tutes and that no funds are comming true and correct.	gica with promoted or oth			
63 of the NC General Stat	, true and correct.	gal had		12/1/17	

Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment		
Yes	\boxtimes	No

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only r	re-submit if applicable)
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1. Committee Informat	tion					
a. Full Name				c. ID Num	iber	
Committee to Elect Ma	tt Sears					
b. Mailing Address (include	City, State and Zip Code	e)	IN COMPANIE	d. Date O	rganized	
			IN PERSON	12/1/201		
1505 Blount St. Durha	am NC 27707		DEC G 1 2017			
1505 Blodik St. Dulla	am, NC 27707		The state of the s	e. Phone N		
			DURHAM BOE	919-389-	-1867	
2. Candidate Informati	on		Candio	date's Primary Con	nmittee	
a. Full Name			e. Candidate ID Numbe	er	f. Party At	filiation
Matthew Mitchell Sears					Democr	at
b. Mailing Address (include (City, State, and Zip Code	e)	g. Office Sought			
1505 Blount St. Durhar	n, NC 27707					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Board of Education,	District 3		
c. Phone Number	d. Email Address		1			
919-389-1867	info@votemattse	ars.com	h. Next Election Year		i. Jur	isdiction
☐ Email copy of notice			2018		District 3	
3. Treasurer Information			4. Custodian of Boo	oks Information		
a. Full Name			a. Full Name			
o. Mailing Address (include Control of the Control		·)	b. Mailing Address (incl	lude City, State, and Z	Zip Code)	
. Phone Number	d. Email Address		c. Phone Number	d. Email Ac	ddress	
019-260-6559	danboack@gmail.	com				
prefer to receive my not	ices by email	Yes No	☐ Email copy of no	tices		7.00
. Assistant Treasurer I	nformation	Add	6. Account Informa	tion (incl. CRO	3500)	Add
. Full Name		Remove	a. Financial Institution F	Full Name		Remove
			Wells Fargo			
. Mailing Address (include C	ity, State, and Zip Code)	b. Purpose			
			Campaign Finance			
Phone Number	d. Email Address		c. Account Code		d. Type	
			2		Checki	ng
Email copy of notices						
CERTIFICATION						
certify that the Committe 63 of the NC General State at this report is complete	atutes and that no fur	pliance with all nds are commin	applicable provisions of gled with prohibited or	of Article 22A, 22 r other non-disclos	b, & 22D sed funds.	2-22M of Chap I further certif
Matthew	M. Sears	_ May	Luk Dr	_	12/1	117
Printed No.	me of Signer	1	Signature of Appointed Tre	easurer		Date