Disclosure Report Cov	/er			Amendment
Use this form for general report a Do not use this form to update inf	nd committee informat	ion, must be signed and	d submitted	along with other detailed form
1. Committee Information		nažininka valtske auto		
a. Full Name				c. ID Number
b. Malling Address (include City, State 8776 Lower Rack	+ School Bo	and		S. S. Stanier
8776 Lower Rock	and Zip Code)			d. Date Filed
Concord, NG 2802	G.			05/05/2022
Concore, 100 2100	)			e. Phone Number
2 Papart Vacada p				919349-0792
2. Report Year 3. Period Start D	Date (mm/dd/yy) 4. Per	od End Date (mm/dd/y)	) 5. Treas	urer Full Name
2022 01/01/2022	U	30/2022	Chri	stina Freeman
6. Type of Committee (Check On Candidate Campaign Party		Report (check only o	ne type of re	port from one category)
PAC Refere	Municipal	State/Count	y	Referendum
Independent Expenditure 🔲 Joint F	undraiser Thirty-fir	4.84		Organizational Pre-referendum
Legal Expense Fund	Pre-prim		-	Final
7. Type of Fund (if applicable, che	Pre-elect		cond	Supplemental Final
Booster Fund	Pre-runot Semi-ann	. 18 '"	ird	Annual
Building Fund	-	Year Semi-an	urth unual	☐ Special
<b>7</b> 04	☐ Yea	- I—	d Year	10. Special Report Name
Other:  8. Number of Fundraisers this Re	☐ Final	I = -	ar End	10. Special Report Name
()	port Special	Final		
11. Account Information		☐ Special		
a. Financial Institution Full Name		11. Account Infor		
Fifth Third Brak		a. Financial Institution	n Full Name	
Purpose c. A	Account Code	b. Purpose	-	
Fifth Third Bank Purpose Campaign Checking Account \$	MF	a. pose		c. Account Code
Λ	Period Begin Balance	-		d Posts I P. C. P. J.
ITCCOUNT \$	$\mathcal{O}$	i		d. Period Begin Balance
ERTIFICATION				\$
I certify that the Committee or Fund is of the NC General Statutes and that no	in compliance with all ar	oplicable provisions of A	tiala 22 A - 22	D 6 20D 2014 6 51
of the NC General Statutes and that no report is complete, true and correct and	funds are commingled w	ith prohibited or other no	n-disclosed f	unds. I further certify that this
report is complete, true and correct and	that I have been trained	by the NC State Board of	Elections.	Transfer certary that this
Christina Freeman	1/4	ical and fra	SAMP AND AND IN	0-10-1
Printed Name of Signer		Signature of Appointed Treas	uc-	05/01/2022
OR OFFICE USE ONLY		The or represented Treas	surer	Date
Date Received: 5-1	U-D Empl	oyee: TC	<u>Del</u>	ivery Method
Date Postmarked:	Empl	oyee:	5	Normal Mail Registered Mail
	F. 1			Hand Delivered Electronically Filed
Date Scanned:	Emple			
Date Data Entered:	Emple	oyee:		Signer has not received
Date Data Entered:  Please Note: This form cannot	Emplo be used to amend com	oyee:	as the com	Signer has not received mandatory training
Date Data Entered:  Please Note: This form cannot	Emplose used to amend comparer, custodian of bool	nittee information such	as the com	Signer has not received mandatory training mittee address, treasurer,

NC State Board of Elections

e Board of Elections

CABARRUS COUNTY August 2008

BOARD OF ELECTIONS

MAY 1 0 2022

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment
Yes X No

Melanie Freeman 4 School Board	Diese	11-	atomi		
Start of Election Cycle: January 1, 2002	CVGC	1112	Total this	_	Total this
		_	Reporting Period		Election Cycl
4) Cash on Hand at Start	S. S	\$	0	\$	0
RECEIPTS					
	(CRO-1205)	_	32.78	\$	32.78
	(CRO-1210)	\$	[08.W	\$	108.00
	(CRO-1220)	\$		\$	
	(CRO-1230)	\$		\$	
	(CRO-1410)	\$	3054.00	\$	3054.00
(0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$		\$	
11) Other Receipt Sources				163	
11a) Interest on Bank Accounts	CRO-1250)	\$		\$	
11b) Contributions from Not-For-Profit Organizations (	CRO-1250)	\$		\$	
11c) Outside Sources of Income	CRO-1250)	\$		\$	
11d) Legal Expense Fund - Other Sources	CRO-1270)	\$		\$	
11a) Francis D. L. D. L. G.	CRO-1265)	\$		\$	
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11		· ·	3194.78	\$	3194.78
EXPENDITURES	Edition 8	etre:	21.44.19	φ	2199.78
3) Disbursements					N. 20 SQ. 3
13a) Operating Expenditures (6	CRO-1310)	\$	135.00	\$	135.00
13b) Contributions to Candidates/Political Committees (6	CRO-1310)	\$	100,00	\$	133.00
12a) Caralla d ID at 72	CRO-1310)	\$		\$	
A Aggregated No. 18 11 To 11.	CRO-1315)	\$		\$	
NI B	CRO-1420)	\$		+	
O D. C. 1 / D. L.	CRO-1320)	\$		\$	
N In Viral Co. 4 7 4			0-00-	\$	0-00 - 1
3) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	CRO-1510)	1.1	2384.78	\$	2384.78
Cash on Hand at End (Add lines 4 and 12 together, then subtra	ot line 18	\$ <i>2</i>	2519.78	\$	2519.78
DDITIONAL INFORMATION	et mic 107	Ф	675	\$	675
Non-Monetary Gifts Given to Other Committees (C	RO-1330)	\$			
Ontata di T		\$			
		\$			
D. L. LONG		<u>*</u> \$			
Account Tour C. Mills of C.		\$		neid) Nun	
		\$ \$		¢.	
		-		\$	
40 House N. Alex D		\$		\$	
Contiludi. 4 1 D. a. 1 3		\$ \$	,	\$	

Aggreg	ated Contri	ibutions from	Individuals Pa	ge of	Amendment
Optional	form used to rep	ort NC Contributi	ons From Individuals o	f \$50 or less	Yes No
1. Commi	tee Full Name (a	and Fund if applica	ble)	The second second second second	ID Number
Mela	nieFreem	on 4 Senac	Board		130 Inumber
3. Contrib	utor Information	n		CARNO CERTA MANAGEMENT	
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add Remove		In-Kind	Postage		\$ 32.78
☐ Add			Tostage	01/15/2020	1 22,18
Remove Add					\$
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Remove Add					\$
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	y this Page			\$	2278
Total of A	LL CRO-120	)5 Pages			26:10
this line must i	be on line 5 of Detail	ed Summary Page CRO-	1100)	\$	32.78

Committees and coordinated party expenditures	<b>Disburse</b> Use this form	ments				Pg/	_ of \	Amendment	No No
Committee Full Name (and Fund if applicable)   Charles	committees a	nd coordinated par	ures from the com ty expenditures	mittee for o	perating	expenses, con	tributions to	candidate/poli	tical
Melanic Freeman   School   Docad	1. Committee	Full Name (and	Fund if applicabl	e)	- 10 W		- Walter Con-		
S. 19pe of Disbursement   Please use separate CRO-1310 forms for each type of Disbursement.			1 0	er ereseer	1		2.	. ID Number	
4. Payee Information a. Full Name, Mailing Address & Phone Include city, state, & zip)  Add Remove    Add Remove   Add Remove   Add Remove   Add Remove	3. Type of Di	sbursement (Pl	ease use senarate	CPO 1210	d	Sc 2			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)  Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Account Code   g. Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Full Name, Mailing Address & Phone (include city, state, & zip)  Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Full Name, Mailing Address & Phone (include city, state, & zip)  Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Full Name, Mailing Address & Phone (include city, state, & zip)  Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Full Name, Mailing Address & Phone (include city, state, & zip)  Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required Remarks    Form of Payment   h. Purpose Code   L. Date (num/dd/yyyy)   L. Amount   L. Required R	Operating E:	xpenses	Contributions to Can	didates/Politica	Commit	or each type of			15
Comments	a Full Name	rmation		The second secon		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS N	Coordinated	Party Expenditure	S
C. Level Registered (Specify)   Federal   County:   State   Municipality:   E. Election Sum to Date   State   Check   O   C3/28/2022   State   County:   State   Check   O   C3/28/2022   State   County:   State   Check   O   C3/28/2022   State   County:   E. Required Remarks   O   C3/28/2022   State   County:   Called Float   County:   Called Float	(include city, stat	Mailing Address &	Phone	li li	. Coordi		Name d.	Comments	
MF Check D C3/28/2022 \$ Mownt Parade Float  MF Check D C3/28/2022 \$ Mownt Parade Float  4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Account Code g. Form of Payment D. Purpose Code D. Date (mm/dd/yyyy) J. Amount Required Remarks  S. Payee Information  Add Remove  c. Level Registered (Specify)  Federal County:  State Municipality: e. Election Sum to Date  \$ Remove  Account Code g. Form of Payment D. Purpose Code D. Date (mm/dd/yyyy) J. Amount Required Remarks  S. Payee Information  Full Name, Mailing Address & Phone (include city, state, & zip)  D. Coordinated Committee Name D. County:  S. Remove  C. Level Registered (Specify)  Federal County:  State Municipality: e. Election Sum to Date  C. Level Registered (Specify)  Federal County:  State Municipality: e. Election Sum to Date  S. County:  State Municipality: e. Election Sum to Date  S. County:  State Municipality: e. Election Sum to Date  S. County:  State Municipality: e. Election Sum to Date  S. County:  State Municipality: e. Election Sum to Date  S. County:  State Municipality: e. Election Sum to Date  S. County:  State Municipality: e. Election Sum to Date  S. County:  State Municipality: e. Election Sum to Date  S. County:  State Municipality: e. Election Sum to Date  S. County:  State Municipality: e. Election Sum to Date  S. County:  State Municipality: e. Election Sum to Date  S. County:  S. Co	Tarin	8 il- ' \						- WALLING	
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MF Check O 0/28/2022 \$ 10.00 Shelter Remarks    A Payee Information	5/11/2 PC	an St.		Ţ	Federa				
MF Check O 0/28/2022 \$ 10.00 Shelter Remarks    A Payee Information	Harrisbu	19, NC 28075		Į.	State	☐ Mur	nicipality: e. E	lection Sum to D	ate
MF Check O 0/28/2022 \$ 10.00 Shelter Remarks    A Payee Information	f Agggroup C. 1	(704)	) 455-5614						
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(include city, state, & zip)    D. Coordinated Committee Name   C. Level Registered (Specify)   Federal   County:   C. Level Registered (Specify)   State   Municipality:   C. Election Sum to Date   State   County:   C. Level Registered (Specify)   Federal   County:   C. Level Registered (Specify)   Federal   County:   C. Level Registered (Specify)   Federal   County:   C. Level Registered (Specify)   C. Level R	. Full Name Mail	nation		AND DESCRIPTION OF PERSONS	THE OWNER OF TAXABLE PARTY.	A1	The	ter Renta	Strong Laws
c. Level Registered (Specify)   Federal   County:   County:   State   Municipality:   County:	(include city, stat	ing Address & Phone te, & zip)		b.			ame d. Co	Omments	
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urpose Codes (List detailed expenditure code in (h.) above)	his line goes in line	NO-1510 Pages						33,00	
urpose Codes (List detailed expenditure code in (h.) above)							•	12910	
Post Codes (List detailed expenditure code in (b) above)						/Political Comm)			
	- Post Conf	S (List detailed e.	xpenditure code in	(h) above	Party Ex	penditures)			
C* - Fundroising	CONTRACTOR OF THE PARTY OF THE	D' - Printing	C	* - Fundrai	sino	D 'n			
Postage I - Equipment G - Political Party H* - Holding Public Com			ent G	- Political P	arty	H* - Ho	Another Cano	lidate	
Other K* - Office Expenses Q* - Donation to Legal Expenses	Other		K*	* - Office Ex	xpenses	Q* - Do	nation to La	gal Evpense	ses Sund
odes require detailed explanation in required remarks field (k)	des require de	tailed explanation	in required					See Expense I	una

**Disbursements** 

C	ontributions	s from Individu	uals		Pgof	Amendment
il.	Committee Full N	ort individual contribut Name (and Fund if a	tions over \$50 or	contribution	s under \$50 if form	CRO 1205 is not used
			- PAACHARIAL J			2. ID Number
3. 0	Contributor Info	eemon 4 So			***	
a. F	ull Name, Mailing Ad	ldress & Phone		b. Job Title/	Remove	
Į.	nclude city, state, & z	ip)				d. Comments
3	713 Aursh	nger		Ketro	2d	
H	arrisburg, NC	. 28075			s Name/Specific Field	-4
1	Rodney Delly 1713 Ayrshi arrisburg, NC 1704) 617-13	50		MA		e. Election Sum to Date
f. Pri			_			\$ 108.00
		of a significant	i. In-Kind Descri		j. Date (mm/dd/y	
1		In-kind	Websit	-6	03/12/20	\$ 108.00
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a. Full	Name, Mailing Add	ress & Phone			Remove	
(incl	ude city, state, & zip	)		b. Job Title/Pr	ofession	d. Comments
				c. Employer's N	lame/Specific Field	1
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Prior	g. Account Code	h. Form of Payment				\$
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Full N	tributor Informa	tion		dd 🔲 Re	move	Correct Secretary of the Correct of
(includ	ame, Mailing Addres le city, state, & zip)	s & Phone	b.	Job Title/Profe	STATE OF THE STATE	d. Comments
	•					
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Tota	only this Pag	e			\$	104 0
his line	of ALL CRO	-1210 Pages Detailed Summary Page (			is away and a second	10 0,00
-	and the day	Detailed Summary Page (	CRO-1100)		\$	108 00

Use this form to report proceeds from a lo A loan proceeds statement must accompand. Committee Full Name (and Fund if a	an and loan endorser's information  y each loan that is from an individual	8
	9.100	
Melance Freeman 45 3. Lender Information	Chool Board	
a. Full Name, Mailing Address & Phone	☐ Add ☐ Remove	
(melude city, state & min)	b. Job Title/Park	
Melanie France	d. Comments	
8776 Louise Park Danas	Musician	
Melanie Freeman 8776 Lower Rocky RiverRd Concord, NC 28025	c. Employer's Name/Specific Field	dd/vvvv
(7011) 121 0101		
(704) 421-8181	Self 03/09/2	107
g. Rate b Security D	f. End Date (mm/d	l/yyyy)
g. Rate h. Security Pledged	i. Account Code   1 Form of P	027
0 % N/A	p. Form of Payment   k. Amount	
. Full Name of Lending Institution	MF In-kind \$ 2744	!
	m. Loan Number	
Production		
Endorsers/Makers (The people who guarant Full Name, Mailing Address & Phone	ee the loan.)	
(include city, state, & zip)	h Joh Titte m	STRUM NO
э, ши, ч <i>ш</i> р)	c. Employer's Name/Spec	fic Field
	1 1	
	d. Percentage	
	e. Amount	
Oill Name M. III	e, Amount	
full Name, Mailing Address & Phone	% \$	
full Name, Mailing Address & Phone include city, state, & zip)	% \$	c Field
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Full Name, Mailing Address & Phone include city, state, & zip)	% \$	c Field
full Name, Mailing Address & Phone include city, state, & zip)	b. Job Title/Profession c. Employer's Name/Specifi	c Field
nctude city, state, & zip)	% \$	c Field
Il Name, Mailing Address & Phone	b. Job Title/Profession  c. Employer's Name/Specifi  d. Percentage  e. Amount  %  \$	c Field
full Name, Mailing Address & Phone include city, state, & zip)  Il Name, Mailing Address & Phone clude city, state, & zip)	b. Job Title/Profession c. Employer's Name/Specifi  d. Percentage e. Amount  % \$	
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Il Name, Mailing Address & Phone	b. Job Title/Profession c. Employer's Name/Specifi  d. Percentage e. Amount  % \$	
Il Name, Mailing Address & Phone	b. Job Title/Profession  c. Employer's Name/Specifi  d. Percentage  e. Amount  %  b. Job Title/Profession  c. Employer's Name/Specific	
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Il Name, Mailing Address & Phone clude city, state, & zip)  Name, Mailing Address & Phone	b. Job Title/Profession  d. Percentage  e. Amount  s  b. Job Title/Profession  c. Employer's Name/Specific  c. Employer's Name/Specific  d. Percentage  e. Amount  s  d. Percentage  e. Amount  s  s  s  s  s  s  s  s  s  s  s  s  s	Field
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Loan Proceeds Use this form to report proceeds from a loan at A loan proceeds statement must accompany ea	nd loan and	of 2 Amendment
A loan proceeds statement must accompany ear  1. Committee Full Name (and Fund if applic	nd loan endorser's information	of L Yes 🗗
1. Committee Full Name (and Fund if applie	ch loan that is from an individual	
Melanie Treaman 4 School	ACP 1	2. ID Number
3. Lender Information	( Board	STATION OF THE PARTY OF THE PAR
a. Full Name, Mailing Address & Phone	☐ Add ☐ Remove	
(include city, state, & zin)	b. Job Title/Profession	
Melanie Freemon 8716 Lower Rocky River Rd Concord, NC 28025		d. Comments
9721 1 Premon	Musician	3
& 116 Lower KockyRiver Kd		e Start Date (
Concord, NC 28025	c. Employer's Name/Specifi	e. Start Date (mm/dd/yyyy
(701)421-8181	Soll	03/10/2022
	1 See t	f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged		12/31/2022
0 % N/A	i. Account Code j. Form of Pay	The state of the s
L Full Name of Londin	MF EFT	- Anioung
I. Full Name of Lending Institution	10, 10+1	\$ 810
1		m. Loan Number
4. Endorsers/Makers (The people who approximately	Trans.	
a. Full Name, Mailing Address & Db.	loan)	
(include city, state, & zip)	b. Job Title/Profession	
		c. Employer's Name/Specific Field
	1	1
		I .
		1
	d. Percentage	e. Amount
Full No.		e. Amount
Full Name, Mailing Address & Phone	9%	
Full Name, Mailing Address & Phone (include city, state, & zip)		\$
Full Name, Mailing Address & Phone include city, state, & zip)	9%	
Full Name, Mailing Address & Phone include city, state, & zip)	9%	\$
Full Name, Mailing Address & Phone include city, state, & zip)	b. Job Title/Profession	\$
Full Name, Mailing Address & Phone include city, state, & zip)	9%	\$ c. Employer's Name/Specific Field
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all Name, Mailing Address & Phone clude city, state, & zip)	b. Job Title/Profession  d. Percentage  b. Job Title/Profession  d. Percentage  e. %	c. Employer's Name/Specific Field  e. Amount  \$ c. Employer's Name/Specific Field  Amount
all Name, Mailing Address & Phone clude city, state, & zip)	b. Job Title/Profession  d. Percentage  b. Job Title/Profession  d. Percentage  e. %	c. Employer's Name/Specific Field  e. Amount  \$ c. Employer's Name/Specific Field  Amount
all Name, Mailing Address & Phone clude city, state, & zip)	b. Job Title/Profession  d. Percentage  b. Job Title/Profession  d. Percentage  e. %	c. Employer's Name/Specific Field  e. Amount  \$ c. Employer's Name/Specific Field  Amount
all Name, Mailing Address & Phone clude city, state, & zip)	b. Job Title/Profession  d. Percentage  b. Job Title/Profession  d. Percentage  e. %  b. Job Title/Profession  c.	c. Employer's Name/Specific Field  e. Amount  \$ c. Employer's Name/Specific Field  Amount
all Name, Mailing Address & Phone clude city, state, & zip)	b. Job Title/Profession  d. Percentage  d. Percentage  e. %  b. Job Title/Profession  c. d. Percentage	c. Employer's Name/Specific Field  e. Amount  \$ c. Employer's Name/Specific Field  Amount  Employer's Name/Specific Field
all Name, Mailing Address & Phone clude city, state, & zip)  Name, Mailing Address & Phone ude city, state, & zip)	b. Job Title/Profession  d. Percentage  d. Percentage  e. %  b. Job Title/Profession  c. d. Percentage  d. Percentage  e. %	c. Employer's Name/Specific Field  e. Amount  \$ c. Employer's Name/Specific Field  Amount
ull Name, Mailing Address & Phone clude city, state, & zip)  Name, Mailing Address & Phone	b. Job Title/Profession  d. Percentage  d. Percentage  e. %  b. Job Title/Profession  c. d. Percentage  d. Percentage  c. A  % \$	c. Employer's Name/Specific Field  e. Amount  \$ c. Employer's Name/Specific Field  Amount  Employer's Name/Specific Field

<b>In-Kind Contributions</b>				Amendment
Use this form to report non-monetons and it	S. goods or service	Pg of	$\perp$	Yes No
Use CRO-1215 if In-Kind Contributions were or will be 1. Committee Full Name (and Fund if applicable)	refunded within	s provided to the cor 7 days.	nmitte	e or fund.
(and Fully if applicable)	HILL CONTRACTOR OF THE PARTY OF		[2	. ID Number
Melanie Freeman 4 School B	oard			- Transper
e. Contributor information		Remove	100000000	The state of the s
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of C		T <sub>o</sub>	Comments
	Individu	al	1	Condients
9003 Cimarosa (1)	Candida Party	te	- 1	
Erin Culp 9003 Cimerron Ct. Columbus, GA 31904	PAC		-1	
(701) 000	Referend		a	Election Sum to Date
(704) 239-4170	Other Re	ceipt Source		
e. Description			\$	32,78
Postage		f. Date (mm/dd/y	ууу)	g. Fair Market Amount
		04/15/20	122	\$ 32.78
				\$
3. Contributor Information				\$
a. Full Name, Mailing Address & Phone		Remove	NO.	
(include city, state, & zip)	b. Type of Con Individual	tributor	c. Co	mments
Rodney Dellinger 3713 Ayrshire Ct. Harrisburg, NC 28075	Candidate			
3713 Ayishire Ct	Party		1	
Harrisburg, NC. 28075	PAC			
(704) 617-1350	Referendum Other Recei		d. Ele	ection Sum to Date
e. Description		pt Source	\$	108,00
		f. Date (mm/dd/yyy	y) g	. Fair Market Amount
Website		03/12/200	2	\$ 100 00
		1.0/200		· 108,00
			-1	\$
. Contributor Information				\$
Full Name, Mailing Address & Phone	Add Re			
(include city, state, & zip)	b. Type of Contri	butor	. Com	ments
Melanie Freeman 8776 Lower Rocky River Rd Concord, NC 28025	✓ Candidate	1		
of 16 Lower Rocky River Rd	Party			W
Concord, NC 28025	PAC	1		
(704) 421-8181	Referendum Other Receipt	Source d.	Electi	ion Sum to Date
Description			\$	
Banners		f. Date (mm/dd/yyyy)		air Market Amount
Bigns/Cards		03/09/202		169.00
-Shirts		03/15/202	\$	1375,00
Total only this Page	SMASHAVINAS	03/29/2022		700.00
Total of ALL CRO-1510 Pages		\$	2	384.78
his tine must be on line 17 of Detailed Summary Page CDO 1100		\$	0	2 911 70
O-1510	A LIB & ALC.	TO THE PROPERTY OF	d	384.78



## **Loan Proceeds Statement**

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual,

This Statement is to be filed with the Election Board where the committee's reports are filed.

	where the committee's reports are filed.
•	Name of committee to receive learn Malant C
•	or committee to make loan: /// 0/ a
•	or roan to committee: (13/09/2009
•	Name of lending institution (source):
_	Substitution (Source):
•	Amount of loan: \$ 2244
•	
	Description (if in-kind loan): Banners / Signs / Cords / Shirts
	Names of all parties responsible for payment of loan (guarantors):
1	Period of Ioan:
A	Melanie Freeman
	(Porcey I. II
)Vi	UPO IC COMMILE.
ovi et l	ided is complete, true, and accurate. I further understand I may not forgive a loan has an outstanding balance to any source.
	has an outstanding balance to any source.
	has an outstanding balance to any source.  ature of Lender
na V	has an outstanding balance to any source.



## **Loan Proceeds Statement**

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual,

This Statement is to be filed with the Election Board where the committee's reports are filed.

committee's reports are filed. Seemon 4 School Boar Lemon
ELINON & JENOOL BOOM
VI
1022
1022
n (guarantors):
n (guarantors):
ge that all of the information
ge that all of the information and I may not forgive a loan
Date Signed
05/05/2022