Amendment	- 0
☐ Yes	No No

Disclosure Report Cover

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
Melanie Freeman 4 School Ba	nd	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
3776 Lower Rocky River Rd Concord, NC 28025	7/12/2022	
Concord, NC 28025		e. Phone Number
		919349-0792
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period	A .	er Full Name
2022 05/01/2022 06/	30/2022 (hris	thatreemen
	port (check only one type of repo	ort from one category)
Candidate Campaign Party Municipal	State/County	Referendum
PAC Referendum Organization		Organizational
Independent Expenditure  Joint Fundraiser  Thirty-five d	i   i	Pre-referendum
Legal Expense Fund Pre-primary	First	Final
Pre-election	Second	Supplemental Final
7. Type of Fund (if applicable, check one) Pre-runoff  Booster Fund Semi-annual	Third	Annual
	Fourth	☐ Special
Building Fund Mid Ye	I	10 C 1 I D 1 N
Year Er Other:		10. Special Report Name
8. Number of Fundraisers this Report Special	Year End	
special special	Final	'
	Special	
11. Account Information	11. Account Information	Takke U.M. ranke away a series as
a. Financial Institution Full Name	a. Financial Institution Full Name	
Fifth Third Bank	y=	
b. Purpose c. Account Code	b. Purpose	c. Account Code
Campaign Checking MF  d. Period Begin Balance  \$ 1015,00		
d. Period Begin Balance	1	d. Period Begin Balance
Account \$ 1075,00		\$
CERTIFICATION	L	Ψ
I certify that the Committee or Fund is in compliance with all app	licable provisions of Article 22A, 22I	3 & 22D-22M of Chapter 163
of the NC General Statutes and that no funds are commingled with		nds. I further certify that this
report is complete, true and correct and that I have been trained by	the NC State Board of Elections.	670
	le sull'	07/11
1 locichae bosenas o	WW MOO Ma	0//12/2022
Christna treeman Chus	// Cucy	1 2000
Printed Name of Signer Sig	nature of Appointed Treasurer	Date
Printed Name of Signer Sig FOR OFFICE USE ONLY	nature of Appointed Treasurer	Date
Printed Name of Signer Sig	nature of Appointed Treasurer  Deli	Date  ivery Method  Normal Mail
Printed Name of Signer Sig  FOR OFFICE USE ONLY  Date Received: The Signer Sign	yee: Deli	Normal Mail
Printed Name of Signer Sig FOR OFFICE USE ONLY	yee: Deli	Normal Mail Registered Mail
Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Signer  Signer  Signer  Signer  Signer  Signer  Signer  Employees	yee: TC Deliver	Normal Mail Registered Mail Hand Delivered
Printed Name of Signer Sig  FOR OFFICE USE ONLY  Date Received: The Printed Name of Signer Si	yee: TC Deliver	Normal Mail Registered Mail
Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Signer  Signer  Signer  Signer  Signer  Signer  Signer  Employees	yee:   ye	Normal Mail Registered Mail Hand Delivered
Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:  Employer	yee:	Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training
Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:	yee:	Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training mittee address, treasurer,
Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:  Employer	yee:    Deliver   Deliver	Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training mittee address, treasurer, tion.

CRO-1000

NC State Board of Elections

BOARD OF ELECTIONS

## **Detailed Summary**Use this form to summarize a

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	2. Type of			ID Number	- Season wear
	·	,	ID Number		
Melanie Freemon 4 School Board	Urgan	zato	Total this	Total	this
Start of Election Cycle: January 1, 2022	_	Rep	orting Period	Election	
4) Cash on Hand at Start		\$ (	075,00	\$	
RECEIPTS		AST IS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1	59,30	\$ 192.0	18
6) Contributions from Individuals	(CRO-1210)	\$ 2	60.00	\$ 2612	00
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	
9) Loan Proceeds	(CRO-1410)	\$		\$ 810.	00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$		\$	
11) Other Receipt Sources			3 SI 1 1 1 1 1 1		100
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)	\$		\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	,11d and 11e)	\$ 4	19,30	\$ 3614	.08
EXPENDITURES		N. E	1000		
13) Disbursements		Carry to			1.5-4
13a) Operating Expenditures	(CRO-1310)	\$	22,50	\$ 157.0	00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$		\$	
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)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$ 2384	.78
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 6	12.00	\$ 2541	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 10	12.30	\$ 1072.	
ADDITIONAL INFORMATION		-,,14		11 - 11 - 11 - 11	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
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)	\$		15 × 1	IN THE
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
-	(CRO-2220)	\$ (	CABARRUS (	<b>OUNTY</b>	
28) Contributions to be Refunded  CRO-1100 NC State Boar	(CRO-1215)	\$ B(	DARD OF EL		moust 2008

CRO-1100

NC State Board of Elections

August 2008

JUL 15 2022

A	.ggreg	ated Contri	ibutions from I	Individuals Pa	Page	Amendment  Yes No	
				ons From Individuals o		L 105 L	
Name of Street	. Committ	tee Full Name (a	and Fund if applicab	ble)		ID Number	
L	Melanie Freeman 4 School Board						
_	. Contribu	utor Information	n A Prince of the Control of the Con				
a. /	Amend Add	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
Ė	Remove	MF	Cash		06/23/2022		
E	Add Remove	MF	Cash		06/23/2022	\$ 30.00	
E	Add Remove	MF	Cash		06/23/2022	\$ 10.00	
E	Add Remove	MF	Cash		06/23/2022	\$ 40.00	
	Add Remove	MF	Cash		06/23/2022	\$ 20.00	
E	Add Remove	MF	e-donatory		06/01/2022	\$ 9.30	
E	Add Remove				2 2	\$	
E	Add Remove					\$	
E	Add Remove					\$	
P	Add					\$	
H	Remove Add	$\vdash$	<del>                                     </del>	<del></del>			
	Remove Add					\$	
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	Remove Add					\$	
	Remove				2	\$	
	Add Remove					\$	
4.	Total or	nly this Page		CAPAD	\$(2)	159.30	

(This line must be on line 5 of Detailed Summary Page CRO-1100)

CRO-1205

NC State

5. Total of ALL CRO-1205 Pages

NC State Board of Elections

BOARD OF ELECTIONS \$

Con	tributions f	rom Individua	als	Ps	of J	/ Amendment ☐ No
Use thi	is form to report in	individual contributi	ions over \$50 or co	ontributions unc	Jer \$50 if form CI	Land Control
		ne (and Fund if app				2. ID Number
Me	lanie Free	man 4Sch	ool Board	l		
3. Con	tributor Informa	ation		Add Re		
	Name, Mailing Addre			b. Job Title/Profe		d. Comments
	de city, state, & zip)			Retred	!	
101	Hi Deaton	1.00 101		c. Employer's Na		1
()	manual. NC.	Lafferty Rd 28023				
				N/A		e. Election Sum to Date
	704-941-733			·		\$ 60.00
	_		i, In-Kind Descrip	tion	j. Date (mm/dd/yyy	
	MF	Cash			06/23/202	\$ 60.00
						\$
						\$
	tributor Informa				move	
	lame, Mailing Addre de city, state, & zip)			b. Job Title/Profe		d. Comments
				Ketirei	d	
7	by Hilder 1009 CreftCo Adian Trail,	irele		c. Employer's Nar	me/Specific Field	
10	Idian Trail,	NC 28079	/	11/1		e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Descript	tion	j. Date (mm/dd/yyy	
	MF	Check				\$ 200.00
						\$
						\$
	tributor Informa			Add Ren		
	ame, Mailing Addres le city, state, & zip)	ss & Phone		b. Job Title/Profes	ssion	d. Comments
-						
				c. Employer's Nan	ne/Specific Field	
						e. Election Sum to Date
		·				\$
	g. Account Code	h. Form of Payment	i. In-Kind Descript	lion	j. Date (mm/dd/yyyy	y) k. Amount
						\$
						\$
						\$
	al only this Pa			CABARRUS	COUNTY	\$ 260.00
		O-1210 Pages	B)	OARD OF EL	LECTIONS	\$ 260.00

CRO-1210

NC State Board of Elections 1 5 2022

Disbursements	Pg	_L	of	 Amendme
Disbursements	Pg		of	☐ Yes

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

1. Committee I	Full Name (and Fur	id if applicable)	1000	V statut		2. ID Number
	Freeman 4 Si	chool Boar	1			
3. Type of Dish	ursement (Pleas	e use separate CI	RO-1310	forms for e	each type of Dis	bursement.)
Operating Exp	enses	ntributions to Candida	ates/Politic	cal Committees	s 🔲 Co	ordinated Party Expenditures
4. Payee Infort				Add	Remove	
a. Full Name, M	Iailing Address & Pl	none		b. Coordinat	ed Committee Nan	ne d. Comments
(include city, state	, & zip)					
First Thi	rd Bank					
40 Cabar	rus Aue East			Name of the last o	stered (Specify)	
Parcard A	rus Ave East SC 28025 721-4317			Federal State	County:	pality: e. Election Sum to Date
(0)(0)	-21-11217			State	Mumer	banty. le. Election Sum to Date
704	121-4311					\$ 22.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Required Remarks
MF	EFT	0	05/	1/2022	\$ 11.00	Bank Service Charge
MF	EFT	0			\$ 11,00	Bank Service Charge Bank Service Charge
4. Payee Inform	nation	EVERYSTER SER	П	Add []	Remove	Dair Scrowa Criwy
	ing Address & Phone			b. Coordinate	ed Committee Nam	d. Comments
(include city, sta	te, & zip)					
					stered (Specify)	
				Federal .	County:	
				State	Municip	e. Election Sum to Date
						\$
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
					\$	
4 D						
4. Payee Inform	ng Address & Phone				Remove	
i. run Name, Mani (include city, stat				b. Coordinate	d Committee Nam	d. Comments
(include city, state	c, cc zip)					
			1	c. Level Regis	tered (Specify)	
			- 1	Federal	County:	
				State	Municipa	ality: e. Election Sum to Date
						<b> </b>
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n		j. Amount	k. Required Remarks
					\$	
					\$	
. Total only thi	s Page	WALL WATER	e la Ve	1745 - 1711721		\$ 22.00
	CRO-1310 Pages		A RUDA			+ V-3.00
	line 13a of Detailed Sum	mary Page CRO-110	O if Oner	ntina Fraence	e)	00.00
	line 13b of Detailed Sum					\$ 22.00
	line 13c of Detailed Sum					,
The second secon	des (List detailed	The same of the sa				
* - Media	B* - Printir			ndraising	<b>D</b> - To	Another Candidate
- Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses						
- Postage	J - Penaltie	es	K* - Of	fice Expens	es DD Q*-DO	onation to Legal Expense Fund
)* Other	47. 200					
Codes require	detailed explanati	on in required re	marks	field (R)	AD OF ELEC	JIONS

NC State Board of Elections

No No