Amendment			
☐ Yes	Ø.	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.

Do not use this form to update information.						
1. Committee Information						
a. Full Name	c. ID Number					
Melanie Freeman 4 School Boar b. Mailing Address (include City, State and Zip Code)	d					
b. Mailing Address (include City, State and Zip Code)	d. Date Filed					
877le Lower Rocky River Rd	10/29/2022					
Concord, NC 28025	e. Phone Number					
Charty 136 Progs	919349-0792					
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Per	iod End Date (mm/dd/yy) 5. Treasurer Full Name					
01/01/2022 10	122/2022 Christma Freeman					
6. Type of Committee (Check One) 9. Type of	Report (check only one type of report from one category)					
Candidate Campaign Party Municipal	State/County Referendum					
PAC Referendum Organiz	ational Organizational Organizational					
Independent Expenditure Joint Fundraiser Thirty-f	ve day Quarterly Pre-referendum					
Legal Expense Fund Pre-prin	· _ · =					
Pre-elec	· 1= 1=					
7. Type of Fund (if applicable, check one) Pre-runo						
	1 = 1=					
<u></u>	- - - - - - - - - - - - -					
	d Year Semi-annual					
I I 	ar End Mid Year 10. Special Report Name					
Other: Final	Year End					
8. Number of Fundraisers this Report	Final					
1	Special Special					
B # 4 . /A C'A' 9 3 4 4 1 1 4 4 1 1 4 4 1 1 1 1 1 1 1 1 1						
	11. Account Information					
a. Financial Institution Full Name	a. Financial Institution Full Name OUNTY					
a. Financial Institution Full Name Fifth Third Bank	a. Financial Institution Full Name OUNTY BOARD OF ELECTIONS					
a. Financial Institution Full Name	a. Financial Institution Full Name OUNTY BOARD OF ELECTIONS					
a. Financial Institution Full Name Fifth Third Bank b. Purpose c. Account Code	a. Financial Institution Full Name OUNTY BOARD OF ELECTIONS					
a. Financial Institution Full Name Fifth Third Bank b. Purpose c. Account Code	a. Financial Institution Full Name OUNTY BOARD OF ELECTIONS					
a. Financial Institution Full Name Fifth Third Bank b. Purpose c. Account Code	a. Financial Institution Full Name OUNTY BOARD OF ELECTIONS b. Purpose NOV \$ 5 20 2 Account Code					
a. Financial Institution Full Name Fifth Third Bank b. Purpose Campaign Checking Account to de d. Period Begin Balance	a. Financial Institution Full Name OUNTY BOARD OF ELECTIONS					
a. Financial Institution Full Name Fifth Third Bank b. Purpose c. Account Code	a. Financial Institution Full Name OUNTY BOARD OF ELECTIONS b. Purpose NOV \$ 5 20 2 Account Code					
a. Financial Institution Full Name Fifth Third Bank b. Purpose Campaign Checking Account to de d. Period Begin Balance	a. Financial Institution Full Name OUNTY BOARD OF ELECTIONS b. Purpose NOV \$ 5 20 2 Account Code					
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a. Financial Institution Full Name Fifth Third Bank b. Purpose Checking Account Code MF d. Period Begin Balance \$ 1072.30 CERTIFICATION I certify that the Committee or Fund is in compliance with all of the NC General Statutes and that no funds are commingled	a. Financial Institution Full Name OUNTY BOARD OF ELECTIONS b. Purpose NOV 0 5 20 2 Account Code RECEIVED 1. Period Legin Balance \$ applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 with prohibited or other non-disclosed funds. I further certify that this					
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Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

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(CRO-1210)	\$	2285.00	\$	4897.00
(CRO-1220)	\$		\$	- 2-7-0-7-0-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1
(CRO-1230)	\$		\$. 🖣
(CRO-1410)	\$	1650,00	\$	2440,00
(CRO-1240)	\$	424.86	\$	426.86
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(CRO-1250)	\$		\$	
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btract line 18)	\$		\$	3044.36
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Aggregated Contributions from Individuals Page Optional form used to report NC Contributions From Individuals of \$50 or less								
	1. Committee Full Name (and Fund if applicable) 2. ID Number							
	Melania Freeman 4 School Board							
	itor Information							
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yy)	y) f. Amount			
Add Remove	MF	check		08/26/20	\$ 50.00			
Add Remove	MF	card		09/23/202	\$ 50.00			
☐ Add ☐ Remove	MF	Card		09/23/202	g \$ 50.00			
☐ Add ☐ Remove	MF	ard		09/20/202	\$ 40,00			
Add Remove	MF	Cord		10/1/2028	\$ 50.00			
Add Remove	MF	Card		10/6/202	\$ 50.00			
Add Remove	MF	nard		10/12/202	\$ 10.00			
Add Remove	MF	Card		10/12/202				
Add Remove	MF	Card		10/13/202	\$ 40.00			
Add Remove	ME	Card		10/15/2022	\$ 40,00			
Add Remove	MF	Card		10/16/202	2 \$ 20.00			
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	4. Total only this Page							
	ALL CRO-1 st be on line 5 of De	205 Pages tailed Summary Page C	RO-1100)		\$ 485.00			
CRO-1205	April 2007							

		rom Individua		Pg	of _	3	Amendment Yes No No	
S-1-1	CHARLES AND REAL PROPERTY.	ndividual contributione (and Fund if app		ontidutions und	er \$30 it form Cr		D Number	
A A		eman 4 Schoo					Distance	
Company of the last	tributor Inform		The second livery with the second	Add Rei	move			
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profe		d. C	omments	
(includ	de city, state, & zip)		Yes west	Sales				
Pa	Yam Freeman 451 Pine Grove Church Rd			c. Employer's Name/Specific Field				
A CONTRACTOR OF THE CONTRACTOR			Pasture M	anagement	- E	lection Sum to Date		
Co	moord, NC 2				a			
	980-521-1						250,00	
f. Prior		h. Form of Payment	i, In-Kind Descrip	tion	j. Date (mm/dd/yyy	NEW YORK	k. Amount	
	MF	Check			09/1202	2	\$ 250,00	
							\$	
							\$	
570	3. Contributor Information Add Remove							
	a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments							
240	le city, state, & zip)	V		Retired				
4	oy mide	^ 4		c. Employer's Nar		1		
	1009 Crest	linele			4			
Ir	oy Holder 1009 Crest (1000 Trail	, NC 28074		N/	A		ection Sum to Date	
	980 - 77	7-6966				\$	400,00	
f. Prior		h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		k. Amount	
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	ributor Informa			Add Rer				
477.00	ame, Mailing Addre le city, state, & zip)	ss & Phone		b. Job Title/Profes		d. C	omments	
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7175	ordy Morg Ruth Fidle urrishing, No	rln		11/0		771	· · · · · · · · · · · · · · · · · · ·	
Ho	urishing, No	28012		N/A	3		ection Sum to Date	
	04-641-8	043 h. Form of Payment	i. In-Kind Descript	••	j. Date (mm/dd/yyy	\$ v)	La O. OO	
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	MF	Check			08/26/202	12	\$ 60.00	
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and the same of th	al only this Pa					\$	510.00	
NA COLUMN		O-1210 Pages of Detailed Summary Po	age CRO-1100)			\$	2285.00	

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used								
1. Com	mittee Full Nan	ne (and Fund if app	licable)	The second		2. ID Number		
M.	elania Free	emon 4 School	Board					
	tributor Inform			Add Rei	move			
	ame, Mailing Addr			b. Job Title/Profe	ssion	d. C	Comments	
	de city, state, & zip)			Music Tel	acktor			
Er	in Colp	•		c. Employer's Nar		-		
900	3 Cimarron	Ct				1_		
1	umbus, GA	31904		Takelesso	ms, com	e. E	Election Sum to Date	
Cu						\$	000.00	
		239-4170	1	L.	I		200.00	
f. Prior		h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		k. Amount	
	MF	Check			09/21/200	22	\$ 200,00	
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3. Cont	tributor Informa	ation		Add Ren	move			
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	le city, state, & zip)			11.000	Resources			
Mor	gan Frazie	w .		c. Employer's Nan		ł		
520	og Rocky Ri	ver Crossing Rd		107		1		
Har	rus burg No	er ver Crossing Rd = 28075		Cerolina	Drology	e. El	lection Sum to Date	
17.00	010 26	2 602		Partner	Corolina Viology e. Election Sum to D. Partners \$ 126.00			
	910-35	CANAL STATE	•	Total libers		<u></u>	125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	/ y)	k. Amount	
	MF	Check			09/23/200	りみ	\$ 125,00	
							\$	
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3. Contributor Information Add Remove								
a. Full Name, Mailing Address & Phone b. Job Title/Profession						d. C	omments	
1.770	le city, state, & zip)			Tarrand	1 M.L.	8		
Be	tsy Culp			c. Employer's Nan	ation Mutro	1		
410	1 Shelly Rd	<u> </u>		Och cous	Con La			
Pol	tsy Colp of Shelly Rd Id Hill, NC :	28071		Caparros	Nat	e. El	lection Sum to Date	
	704-202-2			Silvy	is ison.	\$	250,00	
		h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	y)	k. Amount	
	MF	In-kind	Button	5	07/02/203	12	\$ 250.00	
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4. Tota	al only this Pa	age				\$	575,00	
5. Tota	al of ALL CR	RO-1210 Pages				4	1005 0	
		of Detailed Summary Pa	age CRO-1100)			\$	2285.O	

Contributions from Individuals

		rom Individus individual contributi	No. of the last of	Pg ontributions und	3 of	3	Amendment Yes No 1205 is not used	
		ne (and Fund if ap		Was allered and	er 450 ir torin C		ID Number	
		on 4SchoolB						
	tributor Inform	The same of the sa		Add Re	move	2010		
Andrew Company of the last	lame, Mailing Addr			b. Job Title/Profe		d. C	Comments	
(inclu	de city, state, & zip)			Retired				
	ohn Howre breehbrian 2	110,5C 104,907-9983		c. Employer's Na	me/Specific Field			
•	Barefoot Long	10 CC		1)/14		e. E	lection Sum to Date	
Į į	Myritle Bea	104 907-998	2	/ / 11		\$	800.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount	
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3. Con	tributor Inform	ation		Add Rei	move	100		
	ame, Mailing Addr			b. Job Title/Profe	ssion	d. C	Comments	
	de city, state, & zip)			Retired		l		
Susan Howren Green brian 2 Barefoot Landing Myrtle Boach, SC Lette C c. Employer's Name/Specific Field N/A						1		
8	areen brian 2	2.00		1 / 0				
X	aretoot lanci	ac.		I N/A			e. Election Sum to Date	
Pu	yrite water,	O 685-0429		7 7 30.00		\$	300,00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	/y)	k. Amount	
	MF	Check		14400	09/23/20	122	\$ 300.00	
							\$	
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	tributor Informa			Add Ren				
	ame, Mailing Addro le city, state, & zip)	ess & Phone		b. Job Title/Profes	ssion	d. C	omments	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	uon	j. Date (mm/dd/yyy	y)	k. Amount	
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							\$	
4. Tot	al only this Pa	age				\$	1200.00	
Charles and the control of the contr		O-1210 Pages of Detailed Summary P	age CRO-1100			\$	228500	
(= 4000 H	nesse ve un mit u	of Dennite Danimary I	Se CHO-1100)	and the second second			SOU.	

In-Kind Contributions	Pg	of I		Amendment Yes No	
Use this form to report non-monetary contributions, donations, good	ds or services prov	ided to the commit	tee o	The state of the s	
Use CRO-1215 if In-Kind Contributions were or will be refu	nded within 7 day	ys.			
1. Committee Full Name (and Fund if applicable)			2. 1	D Number	
Melanie Freeman 4 School Board					
3. Contributor Information	Add 🔲 Rei	move	MIL	Si Si Keyari wincom y to	
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c. C	omments	
(include city, state, & zip)	☐ Individual Candidate				
Betsy Culp Betsy Culp Gold Hill, NG 25071	Party				
4101 Shelly Kd	☐ PAC				
	Referendum	C	d. E	lection Sum to Date	
704-200-2692	Other Receipt	Source	\$	250.00	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount	
Buttons		07/02/202	2	\$ 250,00	
				\$	
				\$	
3. Contributor Information	Add Rer	move			
a. Full Name, Mailing Address & Phone	b. Type of Contrib	butor	c. C	omments	
(include city, state, & zip)	Individual Candidate				
	Party				
	☐ PAC				
	Referendum		d. E	lection Sum to Date	
	Other Receipt	Source	\$		
e. Description	•	f. Date (mm/dd/yyy	y)	g. Fair Market Amount	
				\$	
				\$	
				\$	
3. Contributor Information	Add Ren	nove	W		
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. C	omments	
(include city, state, & zip)	Individual Candidate				
	Party				
	PAC				
	Referendum		d. E	lection Sum to Date	
	Other Receipt	Source	\$		
e. Description		f. Date (mm/dd/yyy)	y)	g. Fair Market Amount	

5. Total of ALL CRO-1510 Pages
(This line must be on line 17 of Detailed Summary Page CRO-1100)

CRO-1510

NC State Board of Elections

December 2007

4. Total only this Page

\$

\$

250,00

Refunds/Reimbursements To the Committee

Pg <u>1</u>

of <u>1</u>

Amendment
Yes

_
-

No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

S. Contributor Information	1. Committee Full Name (and Fund if applicable)				2. ID Number					
S. Communities S. C	MELANIE FREE	MAN 4 S	SCHOOL BOARI)						
General cells, state, & zip)	3. Contributor In	formatio	n de la companya de		Add		Remove			
SECOND Party REPUND No. Original Expenditure Date Party REPUND No. Original Expenditure Date Party No. Original Expenditure Date N	a. Full Name, Mailing	Address &	& Phone			e of Co	mmittee		g. (Comments
Note		& zip)				Candi	date	PAC	E	RROR PRINTING
Federal County:						Refere	ndum 🔲	Party	-	
Sisse Manticipality:		RLANDS	3		e. Lev				h. C	Original Expenditure Date
D. Job Title/Profession	1-866-207-4955									
S. D. Job Title/Profession C. Employer's Name/Specific Field F					ᆜ	State		Municipality:		
D. Job Title/Profession									1.0	riginal Expenditure Amt
ERROR PRINTING REFUND RE									\$	
REFUND S 426.86 1.6 cm 1.6 cm 1.6 cm 1.6 cm 1.0 cm	b. Job Title/Profession c. Employer's Name/Specific Field			f. Purj	pose			j. E	lection Sum to Date	
							RINTING		\$	426,86
MF CREDIT 3. Contributor Information a. Full Name, Mailing Address & Phone (Include city, state, & zip) b. Job Title/Profession a. Full Name, Mailing Address & Phone (Include city, state, & zip) c. Level Registered (Specify) b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose d. Type of Committee party c. Level Registered (Specify) party c. Level Registered (Specify) party i. Original Expenditure Date s. End of Payment m. In-Kind Description n. Date (mm/dd/yyyy) n. Amount s. Full Name, Mailing Address & Phone (Include city, state, & zip) a. Full Name, Mailing Address & Phone (Include city, state, & zip) a. Full Name, Mailing Address & Phone (Include city, state, & zip) a. Full Name, Mailing Address & Phone (Include city, state, & zip) b. Job Title/Profession c. Employer's Name/Specific Field f. Parpose d. Type of Committee g. Comments c. Level Registered (Specify) h. Original Expenditure Date Federal Federal County: State L. Original Expenditure Date i. Original Expenditure Date f. Parpose j. Election Sum to Date s. Account Code L. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount s. Account Code L. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount s. Account Code L. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount s. Account Code L. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount s. At State 4. Total only this Page 5. Total of ALL CRO-1240 Pages	k. Account Code	l. Form c	of Payment	m. In-Kind Descrip		UND	n. Date (mm	1/dd/vvvv)	1	o. Amount
3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Candidate PAC Referendum Patty	MF			•						\$ 426.86
A. Type of Committee					A 44	П				ψ 120.00
Candidate						e of Cor			I a C	Comments
Referendum	_		, I none		U. 1,7,0			PAC	B. C	comments
C. Level Registered (Specify) State County: Federal County: Numicipality: State State Numicipality: State State Numicipality: State	(Ħ					
Federal County: Municipality:					e. Leve	el Regis	ered (Specify		h. C	Original Expenditure Date
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S S D. Job Titte/Profession C. Employer's Name/Specific Field F. Purpose J. Election Sum to Date S						State		Municipality:		
b. Job Titte/Profession									i. O	riginal Expenditure Amt
k. Account Code I. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount									\$	
R. Account Code I. Form of Payment II. Form of Payment III. For	b. Job Title/Profession		c. Employer's Name	/Specific Field	f. Purpose				j. E	lection Sum to Date
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Candidate PAC PAC Referendum Party									\$	
3. Contributor Information	k. Account Code	l. Form o	f Payment	m. In-Kind Descrip	n. Date (mm/dd/yyyy)		/dd/yyyy)	o. Amount		
A. Full Name, Mailing Address & Phone (include city, state, & zip) Candidate										\$
Candidate PAC Referendum Party Party Pacty	3. Contributor In	formatio	n	ori W Day	Add		Remove			
Referendum Party e. Level Registered (Specify) Federal County: State Municipality: i. Original Expenditure Date i. Original Expenditure Amt s b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date k. Account Code l. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount 4. Total only this Page 5. Total of ALL CRO-1240 Pages			Phone		d. Typ				g. C	omments
e. Level Registered (Specify) Federal	(include city, state, &	& zip)					=			
Federal County: Municipality:					e. Leve				h. O	Priginal Expenditure Date
State Municipality:					П				1111	Angelia Captagata Cart
b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date k. Account Code l. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount 4. Total only this Page \$ 5. Total of ALL CRO-1240 Pages \$ 426.86					<u> </u>	State		-		
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k. Account Code I. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount \$ 4. Total only this Page 5. Total of ALL CRO-1240 Pages									\$	
k. Account Code I. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount \$ 4. Total only this Page 5. Total of ALL CRO-1240 Pages \$ 426.86	b. Job Title/Profession		c. Employer's Name	/Specific Field	f. Purp	ose			j. El	ection Sum to Date
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				000 CPO 1100\	No.	2 1100			\$	426.86

T- 1		
Dish	ursem	ents

1		a	Amendment	
Pg	of	2	☐ Yes	X No

1. Committee	Full Name (and Fund	l if applicable)		The American China	2. ID Number
Melani	Freeman 4 S	choolBoa	d		
3. Type of Disl		the state of the later of the l	RO-1310 forms for ed	ich type of Dist	pursement.)
Operating Exp		tributions to Candida	ates/Political Committees	Coc	ordinated Party Expenditures
4. Payee Inform	mation		Add	Remove	
a. Full Name, N	failing Address & Pho	one	b. Coordinate	d Committee Nam	e d. Comments
(include city, state	e, & zip)				
First	hird Bank branchulow Dr rl, NC 2802		c. Level Regist	tered (Specify)	
50 P	ranchylew Dr	NE	☐ Federal	County:	
20 13	1 NC 2802	S	☐ State	Municipa	ality: e. Election Sum to Date
Conco	(2, 10-				\$ 55,00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	Amount	k. Required Remarks
M F	EFF	0	07/13/2022		Bank Service Charge Bank Service Charge
MF	EFT	0	8/10/2022	\$ 11.00	Bank Service Charge
4. Payee Inform	mation	Λ	Add 🔲	Remove	
	ling Address & Phone	/		l Committee Nam	e d. Comments
(include city, st	ate, & zip)		c. Level Regist	tered (Specify)	
		/ \	Federal Pederal	County:	
	\ / /		State	/ Municipa	ality e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	. Amount	k. Required Remarks
WE	EFT	0	09/13/2022	\$ 11,00	Bank Service Change
MF				\$	5
4. Payee Inform	nation		Add 🔲	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated	l Committee Name	e d. Comments
(include city, sta	ite, & zip)				-
USPS			S. TI.D		
11000	moord Pkwy 1		c. Level Regist	County:	
455 4	mico a truy	U	State		ality: e. Election Sum to Date
Concor	d, NC 28027		State		
8	00-215-8777				\$ 631.69
f. Account Code		h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ME	Debit	1	10/17/2022	631.69	postage
1,01	190001		1 1	\$	1
	SO TO THE ADMINISTRACE METERS	WANTS 16 OF THE STATE		Particular Commence of the Com	
5. Total only th	ils Page				\$ 694.69
6. Total of ALI	L CRO-1310 Pages				00 Ayy 4
, ,	ı line 13a of Detailed Sum				\$ 2.62480
	line 13b of Detailed Sum) 2 301.11.150
	line 13c of Detailed Sum			expenditures)	
	odes (List detailed				
A* - Media	B* - Printin		C* - Fundraising		Another Candidate
E - Salaries	F* - Equipr		G - Political Party		olding Public Office Expenses
I - Postage O* Other	J - Penaltie	S	K* - Office Expens	es Q* - De	onation to Legal Expense Fund
NAME OF TAXABLE PARTY.	re detailed explanati	on in required r	remarks field (k)	SV. SUDJETS BU	THE WAS SUBJECTED FOR THE PARTY OF THE
Coues requi	e decaned explanation	on in required t	CHIAIRS HEIU (K)		

Disbursements

	9		6	Amendment	8
Pg	4	of	2	☐ Yes	No.

committees and	coordinated party ex	penditures				
1. Committee l	Full Name (and Fund	l if applicable)				2. ID Number
Melanie	Freeman 4 Sch	100/Board				
3. Type of Dish	THE R. P. LEWIS CO., LANSING, SALES,	the same of the sa	RO-1310	forms for e	ach type of Disb	pursement.)
Operating Exp		tributions to Candid				ordinated Party Expenditures
4. Payee Inform	mation	ang ni Vêşajiyus		Add	Remove	
a. Full Name, M	Mailing Address & Pho	one		b. Coordinate	d Committee Name	d. Comments
(include city, state						
Amazon				c. Level Regis	tered (Specify)	
1 440 Ten	rry, Ave N			Federal	County:	
Seattle,	rg, Ave N WA 98109			☐ State	Municipa	ality: e. Election Sum to Date
	26-1000					\$ 485,94
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ME	Debit	A			\$ 246.08	Sign Stakes Sign Stakes
MF	Debit	1+	1091	The second name of the local division in which the local division is not to the local division in the local di	\$ 123.04	Sign Stakes
4. Payee Inform			L		Remove	
include city, sta	ling Address & Phone	Δ		b. Coordinate	d Committee Name	d. Comments
fl (include thy, sta	lt, et zip)			c. Level Regis Federal State	tered (Specify) County: Municipa	lity: e. Election Sum to Date
						/ s / /
f. Account Code		h. Purpose Code		mm/dd/yyyy)		k. Required Remarks
MF	Debit	A	10/	06/2002	\$ 116.82	Signstakes
					\$	U U
4. Payee Inforn			L		Remove	
	ing Address & Phone			b. Coordinated	d Committee Name	d. Comments
(include city, sta						
Anedot	ydras St			c I aval Pagic	tered (Specify)	
1340 Pa	idras St			Federal	County:	
Suite 17	70			State		lity: e. Election Sum to Date
New Orla	zons, UA 10112					
	855-9	55-4595				\$ 20.10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	. Amount	k. Required Remarks
WE	EFT	\mathcal{O}	19	126/2022	\$ 8,30	Donation Websike
MF	EFT	0	09/	25/2002	5 11,40	Donation Wabsite Reas
5. Total only th	is Page		AT WALL	STELLY LYTHE		\$ 506.04
	CRO-1310 Pages	080000000000000000000000000000000000000				000101
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	line 13a of Detailed Sumi line 13b of Detailed Sumi					\$ 2424.80
	line 13c of Detailed Sumi					
	odes (List detailed o		-0.2	- 20		
A* - Media	B* - Printin			indraising	D. To /	Another Candidate
E - Salaries	F* - Equipm	-		itical Party		Iding Public Office Expenses
I - Postage	J - Penaltie			ffice Expens		nation to Legal Expense Fund
O* Other				F		
* Codes requir	e detailed explanatio	n in required r	emarks	field (k)		

Disbursemen	ts
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	7		6	Amendment	8"
Pg	_5_	of		☐ Yes	X No

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

	coordinated party ex					
1. Committee F	Full Name (and Fun	d if applicable)	p. History			2. ID Number
Melanie.	Freeman 4 Sch	100 Board				
3. Type of Disb	ursement (Please	use separate CK	0-1310	forms for e	each type of Disb	oursement.)
Operating Exp	enses	tributions to Candida	tes/Politi	cal Committees	Coo	ordinated Party Expenditures
4. Payee Inform	nation			Add	Remove	
a. Full Name, M	lailing Address & Ph	one			ed Committee Name	e d. Comments
(include city, state,	-					
Noodat					1 1(0 10)	
Meco	Iras St ons, LA 70112				stered (Specify)	
1340 tays	ras si			Federal	County:	
Suite ocle	000 14-7011)			State	Municipa Municipa	e. Election Sum to Date
Men Crite	OF CO OFC	11000				\$ 13.20
	8 55-955					
	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Required Remarks
MF	EFT	0			\$ 2.30	Donation Website Fees Donation Website Fees
MF	<u>E-1</u>	0	-	-	\$ 2.30	Donation Website Fees
4. Payee Inform			L	The second second	Remove	
	ing Address & Phone	1		b. Coordinate	ed Committee Name	d. Comments
(include city, stat	te, & zip)			\wedge		
1 1 A 1		\M /\				Δ () \wedge
	/ \	1 /		c. Level Regis	stered (Specify)	
				lederal	County:	
		\ /	\ /	State	Municipa	lity: e. Election Sum to Date
						\$\ \
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Required Remarks
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4. Payee Inform			_			DOTATION TO DE OSTATE PELS
Commission of the Commission o					Remove	
	ng Address & Phone	4		b. Coordinate	ed Committee Name	d. Comments
(include city, stat	e, & zip)				Λ	1 /) ^
ь и І	Λ Λ	11		1		4 / / /
		ν / /			stered (Specify)	
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		/ \	1	State	Municipal	lity: e. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. Required Remarks
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loc,	CFI	0	1011	1/0000	\$ 5,30	Donation Website Fees
					\$	
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	CRO-1310 Pages	STREET,		MEN BILL		
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO T						700 E
	line 13a of Detailed Sum				•	\$ 2624.80
	line 13b of Detailed Sum		-		,	1 0 VA 1.00
	line 13c of Detailed Sum	2 20 -	-276		Expenditures)	
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	above)		
A* - Media	B* - Printin			indraising	D - To A	Another Candidate
E - Salaries	F* - Equipm	-		itical Party		lding Public Office Expenses
I - Postage	J - Penaltie			ffice Expens		nation to Legal Expense Fund
O* Other	u i chaitic	~	01	Expell	Q - DU	mation to Legal Expense Fund
	detailed explanation	on in required w	marke	field (b)		NOT THE REPORT OF THE PARTY OF
Coues require	detaneo explanano	m in required re	Marks	neia (K)		

D	is	hi	ır	se	m	en	ts
~	LO	v		\mathbf{v}			63

	41		5	Amendment		
Pg		of		☐ Yes	X No	

	coordinated party e		= 1150		V-10-4		- A	EXAMPLE TO -	
00	full Name (and Fur	^ _					2. II	Number	
Melanut		rool Board	DO 121			CDIT	THE REPORT OF THE PARTY.	A Maria Control of the	
3. Type of Disb		e use separate C				-			
Operating Exp		ntributions to Candid	ates/Politi			Coor	dinated Par	ty Expenditure	S
4. Payee Inform				Add	Remove				
 a. Full Name, M 	lailing Address & Pl	none		b. Coordinat	ed Committ	ee Name	d. Co	mments	
(include city, state,	, & zip)								
VistaPri	nt			c. Level Regi	stered (Spec	cify)			
Venb, Ne	therlands			Federal State		County: Municipal	lity: e. Ele	ction Sum to I	Date
1866-2	07-4955					•		165.01	
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount			d Remarks	
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MF	Debit	B	09/	21/2022	\$ 1061	.86	Sign	rs	
4. Payee Inforn	nation			Add 🔲	Remove		0		
The Art and the second	ing Address & Phone			b. Coordinat		ee Name	d. Co	mments	12-14-14-14
(include city, stat	-			^					
Vista Pri			1			/			
0 02,1	. •			c. Level Regi	stered (Spec	ify)			
Venb; Ne	therlands			☐ Federal		County:			
· ·			1	State		Tunicipal	ity: e. Ele	ction Sum to E	ale
1011	a						NV. VV.	/	
	207-49 55						\$		
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MF	Debit	B	10/1	3/2002	\$ 187.	82	Pos	teards	
4. Payee Inform	nation			Add	Remove	ile susse		2000 AVV	
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committe	e Name	d. Cor	nments	
(include city, stat	e, & zip)								
Tarilanak	Ad Boost								
HOLLEBOOK	NG 00031			c. Level Regis	stered (Spec	ify)			
				Federal	-	ounty:			
				State		lunicipali	ity: e. Elec	tion Sum to D	ate
					_	•		011 -	
							\$	24.00	/
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount		k. Required	l Remarks	
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109		A	UVI	0000	1.1	_	Ad Be		
MF	Debit	0	101	05/2022	\$ 14			Burst	
5. Total only thi	is Page						\$	989.01	
6. Total of ALL	CRO-1310 Pages								
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	line 13b of Detailed Sun					Comm)	\$	2624	.80
	line 13c of Detailed Sun		-					•	
	des (List detailed	1/21 - 1/22							
A* - Media	B* - Printi			ındraising	D	- To A	nother Ca	andidate	
E - Salaries	F* - Equip			itical Party				olic Office H	YDenses
I - Postage	J - Penalti			ffice Expens				Legal Expe	
O* Other	J T Chaiti		IX - 01	THE EXPER	Jes Q	נוטע -		regai nyhe	lise Pullu
	detailed explanati	ion in required r	emorke	field (k)	MANUEL STREET	1811 B		AUGUST SIN	SIE, HYCHIO
CRO-1310	detaneu explanati			d of Elections	San Care San S				comber 2000

D.	•			
Dis	bui	rsei	mei	nts

Pg 5 of 5 Amendment No

1. Committee	Full Name (and Fur	nd if applicable)		721 (1872)			U AV	2. ID Number
Melani	e Freemont Si	chool Board						
3. Type of Disl		e use separate Cl	RO-131	forms for	each t	pe of Dist	burse	ment.)
Operating Exp		ntributions to Candid					District Control of the Control of t	ed Party Expenditures
4. Payee Inform				Add 🔲	Remo	ove		Rows were with the last
	Iailing Address & Pl	none		b. Coordinat	ted Con	mittee Nam	e	d. Comments
(include city, state	e, & zip)							
Face Book	Ad Boost							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				c. Level Regi	istered (
				State	ř	County: Municipa	dity.	e. Election Sum to Date
					•	_ intenterpt	mty.	
								\$ 25.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amo	unt	k. Re	quired Remarks
MF	Debit		10/	05/2072	\$ 10	9,00	IA	al Boost
MF	Debit	0		1/2022				Ad Boust
4. Payee Inform		K VKI KE I I KUVESI H	0.584		Remo		DESCRIPTION OF	ta UUUSP
	ing Address & Phone			b. Coordinate			L	d. Comments
(include city, sta				o. coordiant	cu com	mittee Manie	1	5. Comments
				c. Level Regis	stered (Specify)	-77	
				Federal		County:	L	
B				State	L	Municipa	lity: e	e. Election Sum to Date
							- 1	\$
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	J	1			\$	unt	no rece	direct Kemmins
					<u> </u>			
					\$			
4. Payee Inforn				Add	Remo	ve	lan.	
	ing Address & Phone			b. Coordinate	ed Comi	mittee Name	d	. Comments
(include city, stat	ie, & zip)							
				c. Level Regis	towned (6	Incoifu)	_	
			- 1	Federal	itereu (a	County:	-	
				State	F		ity: e.	. Election Sum to Date
					_	-		
								\$
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amou	ınt	k. Req	uired Remarks
					\$			
					\$			
. Total only thi	s Page	nik terepev veilly	1 Sections	INVESTIGATION OF	100	(A) (7) (8)		6 30
	CRO-1310 Pages						V	\$ 25.00 \$ 26.04.80
		P CPO 116	0.100					
	(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						s a 6 a 4.80	
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	0 if Conti 0 if Coord	io io Canaiaai linated Party F	Expendi	tures)		
	des (List detailed				o cymu	et legaliani	MINUS	
* - Media	B* - Printin			ndraising		D. To A	nothe	er Candidate
E - Salaries	F* - Equipm	-		tical Party				Public Office Expenses
- Postage J - Penalties K* - Office Expenses O* - Donation to Legal Expense Fund								
)* Other						_		5
Codes require	detailed explanation	on in required re	marks	field (k)	THE YEAR		8-0.	

Loan Proceeds		Pg of	2 Yes Z'No
Use this form to report proceeds from a loan and loan			
A loan proceeds statement must accompany each loan	that is from an inc	lividual	
1. Committee Full Name (and Fund if applicable)		ene dikenerideen	2. ID Number
Melance Freeman of School Board			
3. Lender Information	Add	Remove	
a. Full Name, Mailing Address & Phone	b. Job Title	/Profession	d. Comments
(include city, state, & zip)			
Melania Freeman 8776 Lower Rocky River Rd Corpord, NC 28025	I Mue	SICIA	- Start Date (
8776 Lower Rocky River Rd		's Name/Specific Fie	e. Start Date (mm/dd/yyyy)
Corner Nr 280250	c. Employer	S Name/Specific Fit	10/17/2022
COLDED) 145 5000		1	f. End Date (mm/dd/yyyy)
704 421-8181	1 70	U	1 /
109 421-8181		1	12/31/2022
g, Rate h. Security Pledged	i. Account Code	j. Form of Paymer	nt k. Amount
0 % N/A	MF	EFT	\$ 1400.00
I. Full Name of Lending Institution	·	***	m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan			
a. Full Name, Mailing Address & Phone	b. Job Title	Profession Profession	c. Employer's Name/Specific Field
(include city, state, & zip)			
	d. Percentag	70	e. Amount
	u. r er centag	,	c. Aliguit
		%	\$
a. Full Name, Mailing Address & Phone	b. Job Title	Profession	c. Employer's Name/Specific Field
(include city, state, & zip)			
	d. Percentaş	ge	e. Amount
8		%	\$
a. Full Name, Mailing Address & Phone	b. Job Title/	Profession	c. Employer's Name/Specific Field
(include city, state, & zip)	b. gob Flac	I I OZGROJOH	i. Imployer s Hanks Specific Fich
	d. Percentag	ge	e. Amount
		%	 \$
a. Full Name, Mailing Address & Phone	b. Job Title/	Dunfaccion	c. Employer's Name/Specific Field
(include city, state, & zip)	D. JOD 1108/	rrotession	c. Employer's Name/Specific Field
(include city, saide, et zip)			
y			
	d. Percentag	e	e. Amount
		%	\$
CONTRACTOR OF THE PROPERTY OF			
5. Total of ALL CRO-1410 Pages			\$
(This line must be on line 9 of Detailed Summary Page CRO-11	00)		*

Amendment

Loan	Proceeds
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	1		1	Amendment	
Pg	7_	of	1	☐ Yes	No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan 1. Committee Full Name (and Fund if applicable)	that is fro	m an indi	vidual	15	2. ID Number
		7.01			2. ID Number
Melanufreeman 4 School Board					
3. Lender Information			Remove	TO THE	
a. Full Name, Mailing Address & Phone	D.	. Job Title/P	rofession	d	I. Comments
(include city, state, & zip)		Maria	-		
Melanie Freeman 8776 Lower Rocky River Rd Concord, NC 28025		MUSIC	ian	e	. Start Date (mm/dd/yyyy)
1776 Lower Rocky River Rd	c.	Employer's	s Name/Specific Fie		
Married NC 25025				L	07/21/2022
		0.	01	£.	. End Date (mm/dd/yyyy)
704 421-8181		Je	U .		12/31/2022
g. Rate h. Security Pledged	i. Account	Code	j. Form of Paymen	ıt	k. Amount
D % N/A	MI	F	EFT		\$ 250.00
l. Full Name of Lending Institution	4			n	n. Loan Number
4. Endorsers/Makers (The people who guarantee the loan	n.)				
a. Full Name, Mailing Address & Phone	b.	Job Title/P	rofession	c. Em	ployer's Name/Specific Field
(include city, state, & zip)					
	L				
	d.	Percentage		e. Ame	ount
					74
			%	\$	
a. Full Name, Mailing Address & Phone	b.	Job Title/P	rofession	c. Emp	ployer's Name/Specific Field
(include city, state, & zip)					
	- 1				
	- 1			l	
	d.	Percentage		e. Amo	ount
			%	\$	
				<u> </u>	
a. Full Name, Mailing Address & Phone	<u>b.</u>	Job Title/P	rofession	c. Emp	ployer's Name/Specific Field
(include city, state, & zip)					
	L				
	d.	Percentage		e. Amo	ount
			%	\$	
a. Full Name, Mailing Address & Phone	b.	Job Title/Pi	family		ployer's Name/Specific Field
(include city, state, & zip)		JUD TIESE	.016291011	C. Estaq.	Moyer's Maincropeonic Field
(Mariana stry) carry, at any					
	Ļ				
	d.	Percentage		e. Amo	ount —
			%	\$	
5. Total of ALL CRO-1410 Pages	21 W 128/A U				
5. 10tal Of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-11	100)			30 80	\$



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, the lender's signature is required on this form.

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

• Name of committee to receive loan: Melanustre	eeman 4 School Board
• Person or committee to make loan: Melano F	reomer
• Date of loan to committee: 10/19/2022 ~ 13/3	1/2022
Name of lending institution (source):	
• Amount of loan: \frac{\frac{\frac{1}{400}}{1400}}{1400}	
Description (if in-kind loan):	
Names of all parties responsible for payment of I	oan (guarantors):
Period of loan:	
• Rate of interest of loan:	
Convity pladed for lane. IVA	
I, Melarie Freema, acknow	ledge that all of the information
provided is complete, true, and accurate. I further under	erstand I may not forgive a loan
that has an outstanding balance to any source.	
Cignoture of Landau	Data Olavard
Signature of Lender	Date Signed
Children Thoons	10/29/2022
Signature of Treasurer of Committee	Date Signed



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, the lender's signature is required on this form.

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

•	Name of committee to receive loan: Melanu Freeman 4 School Board
•	Person or committee to make loan: Melanie Freemen
•	Date of loan to committee: 07/21/2022 -12/31/2022
•	Name of lending institution (source):
•	Amount of loan: \$250
•	Description (if in-kind loan):
•	Names of all parties responsible for payment of loan (guarantors):
•	Period of loan: Rate of interest of loan: Security pledged for loan: **Description** **
Ι, _	Melance Freeman, acknowledge that all of the information
pro tha	(Person lending money to committee) ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source.
Si	gnature of Lender Date Signed
	(Guderatheomon 10/29/2022
Sig	phature of Treasurer of Committee Date Signed

Outstanding Loa	ans
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			Amendment	
Pg	1	of	 Yes	□ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1						
Melanie Freeman 4 school						
3. Lender Information	☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments				
(include city, state, & zip) MelaMic Freeman	Musician					
		e. Start Date (mm/dd/yyyy)				
8774 Lower Rocky River Rd.	c. Employer's Name/Specific	3/10/22				
CONUND, NC 28025	Suf	f. End Date (mm/dd/yyyy)				
		12/31/22				
g. Rate h. Security Pledged	i. Original Loan Amou	nt j. Remaining Loan Balance				
%	\$ 810.00	\$ 810.00				
k. Full Name of Lending Institution		I. Loan Number				
3. Lender Information	Add Remove					
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments				
(include city, state, & zip) MC ami C Freem on	- Musician					
	a Employer's Name/Specific	e. Start Date (mm/dd/yyyy)				
8774 Lower Rocky River R		1121122				
and Mil a ame	Suf	f. End Date (mm/dd/yyyy)				
CON LOTA, NC 28025		12/31/22				
g. Rate h. Security Pledged	i. Original Loan Amour	nt j. Remaining Loan Balance				
%	\$ 250.00	\$ 250.00				
k. Full Name of Lending Institution		l. Loan Number				
3. Lender Information	Add Remove					
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments				
(include city, state, & zip)	- Musician					
Melavie Freeman	c. Employer's Name/Specific	e. Start Date (mm/dd/yyyy)				
8774 Lower Rocky RiverRel	c. Employer's Name/Specific	10/11/10/2				
(muord, Nr 28075	Self	f. End Date (mm/dd/yyyy)				
z. Rate h. Security Pledged		12/31/22				
s. Nate II. Security Fleugeu	i, Original Loan Amoun	j. Remaining Loan Balance				
% Full Name of Londing Institution	\$4400.00					
s. Full Name of Lending Institution	I. Loan Number					
4. Total only this Page	\$					
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-11	\$ 2440.00					