

# Disclosure Report Cover

Amendment  
 Yes  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.

<b>1. Committee Information</b>				
a. Full Name <u>Melanie Freeman 4 School Board</u>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>8776 Lower Rocky River Rd Concord, NC 28025</u>			d. Date Filed <u>10/29/2022</u>	
			e. Phone Number <u>919349-0792</u>	
2. Report Year	3. Period Start Date (mm/dd/yy) <u>07/01/2022</u>	4. Period End Date (mm/dd/yy) <u>10/22/2022</u>	5. Treasurer Full Name <u>Christina Freeman</u>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report <u>1</u>		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <u>Fifth Third Bank</u>		a. Financial Institution Full Name <u>CABARRUS COUNTY BOARD OF ELECTIONS</u>		
b. Purpose <u>Campaign Checking Account</u>	c. Account Code <u>MF</u>	b. Purpose <u>NOV 05 2022</u>	c. Account Code	
	d. Period Begin Balance <u>\$ 1072.30</u>	<u>RECEIVED</u>	d. Period Begin Balance <u>\$</u>	
<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 and correct and that I have been trained by the NC State Board of Elections.				
<u>Christina Freeman</u> Printed Name of Signer		<u>Christina Freeman</u> Signature of Appointed Treasurer		<u>10/29/2022</u> Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	<u>11/5/22</u>	Employee:	<u>80</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input checked="" type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

# Detailed Summary

Amendment

Yes

No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Melanie Freeman School Board		Organizational			
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1072.30		\$ 0	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 485.00		\$ 677.08	
6) Contributions from Individuals (CRO-1210)		\$ 2285.00		\$ 4897.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$ -	
9) Loan Proceeds (CRO-1410)		\$ 1650.00		\$ 2440.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 426.86		\$ 426.86	
11) Other Receipt Sources					
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)		\$ 4846.86		\$ 8460.94	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2624.80		\$ 2781.80	
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)		\$ 250.00		\$ 2634.78	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2874.80		\$ 5416.58	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3044.36		\$ 3044.36	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 2400.00			
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)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

# Aggregated Contributions from Individuals

Page 1 of 1

Amendment  Yes  No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Melanie Freeman 4 School Board					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	check		08/26/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	card		09/23/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	card		09/23/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	card		09/24/2022	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	card		10/1/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	card		10/6/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	card		10/12/2022	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	card		10/12/2022	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	card		10/13/2022	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	card		10/15/2022	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	card		10/16/2022	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	card		10/16/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MF	check		09/02/2022	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<b>4. Total only this Page</b>					\$ 485.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 485.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					



# Contributions from Individuals

Pg 1 of 3

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Melanie Freeman 4 School Board							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Pam Freeman 451 Pine Grove Church Rd Concord, NC 28025 980-521-1584				Sales			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Pasture Management		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	MF	Check		09/08/2022	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Gay Hilder 7009 Craft Circle Indian Trail, NC 28074 980-777-6966				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				N/A		\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	MF	check		08/26/2022	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Sandy Morgan 7173 Ruth Fidler Ln Harrisburg, NC 28075 704-641-8043				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				N/A		\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	MF	check		08/26/2022	\$ 60.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 510.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2285.00	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Melanie Freeman 4 School Board							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Erin Colp 9003 Cimarron Ct Columbus, GA 31904 704-239-4170				Music Teacher			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Takelessons.com		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	MF	Check		09/21/2022	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Morgan Frazier 5209 Rocky River Crossing Rd Harrisburg, NC 28075 910-352-5871				Human Resources			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Carolina Urology Partners		\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	MF	Check		09/23/2022	\$ 125.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Betsy Colp 4101 Shelly Rd Ardell Hill, NC 28071 704-202-2692				Transportation Manager			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Cabarrus County Sheriff's Dept.		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	MF	In-kind	Buttons	07/02/2022	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 575.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2285.00	

# Contributions from Individuals

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Melanie Freeman 4 School Board							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
John Howren Greenbriar 2 Barefoot Landing Myrtle Beach, SC 704 907-9982				Retired			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				N/A		\$ 800.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	MF	Check		09/23/2022	\$ 800.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Susan Howren Greenbriar 2 Barefoot Landing Myrtle Beach, SC 704 685-0429				Retired			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				N/A		\$ 300.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	MF	Check		09/23/2022	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Wayne & Susan Trexler Cottonwood Trail Concord, NC				Retired			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				N/A		\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	MF	Check		09/04/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 1200.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2285.00	



# In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Melanie Freeman 4 School Board			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
Betsy Colp 4101 Shelly Rd Gold Hill, NC 27021 704-200-2692		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 250.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Buttons		07/02/2002	\$ 250.00
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>4. Total only this Page</b>		\$ 250.00	
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 250.00	

# Refunds/Reimbursements To the Committee

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
MELANIE FREEMAN 4 SCHOOL BOARD					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
VISTA PRINT VENLO, NETHERLANDS 1-866-207-4955			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		ERROR PRINTING REFUND
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Expenditure Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>i. Original Expenditure Amt</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				ERROR PRINTING REFUND	
				<b>j. Election Sum to Date</b>	
				\$ 426.86	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>		<b>o. Amount</b>
MF	CREDIT		10/11/2022		\$ 426.86
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Expenditure Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>i. Original Expenditure Amt</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				<b>j. Election Sum to Date</b>	
				\$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>		<b>o. Amount</b>
					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Expenditure Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>i. Original Expenditure Amt</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				<b>j. Election Sum to Date</b>	
				\$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>		<b>o. Amount</b>
					\$
<b>4. Total only this Page</b>					\$
<b>5. Total of ALL CRO-1240 Pages</b> (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 426.86



**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Melanie Freeman 4 School Board							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
First Third Bank 50 Branchview Dr NE Concord, NC 28025							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 55.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
MF	EFT	0	07/13/2022	\$ 11.00	Bank Service Charge		
MF	EFT	0	8/10/2022	\$ 11.00	Bank Service Charge		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
M							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
MF	EFT	0	09/13/2022	\$ 11.00	Bank Service Charge		
MF				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
USPS 455 Concord Hwy N Concord, NC 28027 800-375-9777							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 631.69	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
MF	Debit	1	10/17/2022	\$ 631.69	Postage		
						\$	
<b>5. Total only this Page</b>						\$ 664.69	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 2624.80	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Melanie Freeman 4 School Board							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Amazon 440 Terry, Ave N Seattle, WA 98109 206 266-1000							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 485.94	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
MF	Debit	A	07/22/2022	\$ 246.08	Sign Stakes		
MF	Debit	A	09/22/2022	\$ 123.04	Sign Stakes		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
[Signature]							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
MF	Debit	A	10/06/2022	\$ 116.82	Sign stakes		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Anedot 1340 Paydras St Suite 1770 New Orleans, LA 70112 855-955-4595							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 20.10	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
MF	EFT	0	09/26/2022	\$ 8.30	Donation Website fees		
MF	EFT	0	09/25/2022	\$ 11.80	Donation Website fees		
<b>5. Total only this Page</b>						\$ 506.04	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 2424.80	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							



**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
Melanie Freeman 4 School Board						
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Anedot 1340 Paydras St Suite 1770 New Orleans, LA 70112 855-955-4595						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County;		\$ 13.20
				<input type="checkbox"/> State <input type="checkbox"/> Municipality;		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
MF	EFT	0	10/05/2022	\$ 2.30	Donation Website Fees	
MF	EFT	0	10/11/2022	\$ 2.30	Donation Website Fees	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
[Signature]						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County;		\$
				<input type="checkbox"/> State <input type="checkbox"/> Municipality;		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
MF	EFT	0	10/14/2022	\$ 1.40	Donation Website Fees	
MF	EFT	0	10/18/2022	\$ 1.90	Donation Website Fees	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
[Signature]						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County;		\$
				<input type="checkbox"/> State <input type="checkbox"/> Municipality;		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
MF	EFT	0	10/19/2022	\$ 5.30	Donation Website Fees	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
				\$		
<b>5. Total only this Page</b>						\$ 13.20
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 2624.80
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate	E - Salaries	F* - Equipment	G - Political Party
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund	O* Other		
* Codes require detailed explanation in required remarks field (k)						



**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
Melanie Freeman 4 School Board						
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
VistaPrint Venb, Netherlands  1866-207-4955						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 965.01	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
MF	Debit	B	07/14/2022	\$ 142.19	Business Cards	
MF	Debit	B	09/21/2022	\$ 1061.86	Signs	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
VistaPrint Venb; Netherlands  1866-207-4955						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
				\$		
MF	Debit	B	10/13/2022	\$ 187.82	Postcards	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Facebook Ad Boost						
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 24.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
MF	Debit	O	09/06/2022	\$ 10	Ad Boost	
MF	Debit	O	10/03/2022	\$ 14	Ad Boost	
<b>5. Total only this Page</b>						\$ 989.01
<b>6. Total of ALL CRO-1310 Pages</b> (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) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 2624.80
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b> <u>Melanie Freeman School Board</u>	<b>2. ID Number</b>
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<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures
---

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small>  <u>Face Book Ad Boost</u>	<b>b. Coordinated Committee Name</b>  	<b>d. Comments</b>  	
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> <u>\$ 25.00</u>	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>MF</u>	<u>Debit</u>	<u>0</u>	<u>10/05/2022</u>	<u>\$ 10.00</u>	<u>Ad Boost</u>
<u>MF</u>	<u>Debit</u>	<u>0</u>	<u>10/07/2022</u>	<u>\$ 15.00</u>	<u>Ad Boost</u>

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small>  	<b>b. Coordinated Committee Name</b>  	<b>d. Comments</b>  	
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> <u>\$</u>	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small>  	<b>b. Coordinated Committee Name</b>  	<b>d. Comments</b>  	
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> <u>\$</u>	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

<b>5. Total only this Page</b>	\$ <u>25.00</u>
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<b>6. Total of ALL CRO-1310 Pages</b> <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small> <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small> <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>	\$ <u>2624.80</u>
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<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

\* Codes require detailed explanation in required remarks field (k)

# Loan Proceeds

Amendment  
 Yes  No

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Melanie Freeman of School Board					
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Melanie Freeman 8776 Lower Rocky River Rd Concord, NC 28025  704 421-8181		Musician			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		Self		10/17/2022	
				<b>f. End Date (mm/dd/yyyy)</b>	
				12/31/2022	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
0 %	N/A	MF	EFT	\$ 1400.00	
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers</b> (The people who guarantee the loan.)					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>5. Total of ALL CRO-1410 Pages</b>				\$	
(This line must be on line 9 of Detailed Summary Page CRO-1100)					



# Loan Proceeds

Amendment  
 Yes  No

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Melanie Freeman 4 School Board					
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Melanie Freeman 8776 Lower Rocky River Rd Concord, NC 28025 704 421-8181		Musician			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		Self		07/21/2022	
				<b>f. End Date (mm/dd/yyyy)</b>	
				12/31/2022	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
0 %	N/A	MF	EFT	\$ 250.00	
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers</b> (The people who guarantee the loan.)					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>5. Total of ALL CRO-1410 Pages</b>				\$	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### 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: Melanie Freeman 4 School Board
- Person or committee to make loan: Melanie Freeman
- Date of loan to committee: 10/19/2022 - 12/31/2022
- Name of lending institution (source):  
\_\_\_\_\_
- Amount of loan: \$1400
- Description (if in-kind loan): \_\_\_\_\_
- Names of all parties responsible for payment of loan (guarantors):  
\_\_\_\_\_  
\_\_\_\_\_
- Period of loan: \_\_\_\_\_
- Rate of interest of loan: 0%
- Security pledged for loan: N/A

I, Melanie Freeman, acknowledge that all of the information  
(Person lending money to committee)  
provided is complete, true, and accurate. I further understand I may not forgive a loan  
that has an outstanding balance to any source.

Signature of Lender

Christina Thomas  
Signature of Treasurer of Committee

Date Signed

10/29/2022

Date Signed



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### 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: Melanie Freeman 4 School Board
- Person or committee to make loan: Melanie Freeman
- 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: 0%
- Security pledged for loan: N/A

I, Melanie Freeman, acknowledge that all of the information  
(Person lending money to committee)  
provided is complete, true, and accurate. I further understand I may not forgive a loan  
that has an outstanding balance to any source.

Signature of Lender

Melanie Freeman  
Signature of Treasurer of Committee

Date Signed

10/29/2022

Date Signed



# Outstanding Loans

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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
Melanie Freeman 4 School Board				
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
Melanie Freeman 8774 Lower Rocky River Rd. Concord, NC 28025		Musician		
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>	
		Self	3/10/22	
			<b>f. End Date (mm/dd/yyyy)</b>	
			12/31/22	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>	
%		\$ 810.00	\$ 810.00	
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
Melanie Freeman 8774 Lower Rocky River Rd. Concord, NC 28025		Musician		
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>	
		Self	7/21/22	
			<b>f. End Date (mm/dd/yyyy)</b>	
			12/31/22	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>	
%		\$ 250.00	\$ 250.00	
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
Melanie Freeman 8774 Lower Rocky River Rd. Concord, NC 28025		Musician		
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>	
		Self	10/17/22	
			<b>f. End Date (mm/dd/yyyy)</b>	
			12/31/22	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>	
%		\$ 1400.00	\$ 1400.00	
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>	
<b>4. Total only this Page</b>			\$	
<b>5. Total of ALL CRO-1430 Pages</b> <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 2440.00	