Statement of Organization - Candidate Committee

Is	this s	tatement:	
	New	Amended	

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information					
a. Name of Committee		d. ID Number			
Melamie Freeman Fw School Board b. Mailing Address (include City, State and Zip Code) e. Date Organized					
b. Mailing Address (include City, State and Zip Code)		e. Date Organized			
8776 Lower Rocky River Road	Concord NC 2802	15/12/2023			
c. Committee Website (Optional)		f. Phone Number			
2. Candidate Information					
a. Full Name	e. Party Affiliation				
Melanie Freeman	Republican				
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought				
8776 Lower Rocky River Road Concord NC 28025	Board of Education				
c . Phone Number d. Email Address	g. Next Election Year	h. Jurisdiction			
704-455-9545 melanie freeman 4 cchool board & gmail, com	2024	Cabarnis Conty			
☐ Email copy of report notices 3. Treasurer Information	4. Assistant Treasurer Info	ormation			
a. Full Name	a. Full Name				
Deborah Bamford	CABARRUS C	COUNTY			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City State and In Code)				
5898 Birchfield Lane	DOARD OF T				
Concord NC 28027	MAY 1 6 2024				
c. Phone Number d. Email Address	c. Phone Number d. Email Address				
704 575 0548 deborah j bamford e	RECEIVED				
Send report notices by email Yes No	☐ Email copy of report notices				
5. Custodian of Books Information (Keeper of Records) a. Full Name	6. Account Information (incl. CRO-3500)				
a. Full Name	a. Financial Institution Full Name				
	Discover Bank				
b. Mailing Address (include City, State, and Zip Code)					
c. Phone Number d. Email Address	b. Account Code c. Type				
	CAD	Dahid			
☐ Email copy of report notices	GOT.	Denir			
I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.					
Dobard Board (1) March Ro land =/11/2011					
Printed Name of Treasurer Signature of Appointed Treasurer Date					
I certify that the information above is correct, and I as the candidate, appoint said treasurer to personally fulfill the					
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter					
163 of the NC General Statutes.					
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Printed Name of Candidate Melaniz + reeman					