Disclosure Re	•				Yes No
	eneral report and committee in to update information	information, must be	signed and sub	omitted along with o	ther detailed forms.
1. Committee Info					
a. Full Name	mation				c. ID Number
Melanie Freeman f	or School Board			y 	
b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed
8776 Lower Rocky					07/08/2024
Concord NC 28025					07/08/2024
					e. Phone Number
				-	704-455-9545
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Ful	
2024	02/18/2024	06/3	30/2024	Deborah Bamfor	d
6. Type of Commit	tee (Check One)	9. Type of Report	(check or	nly one type of repor	rt from one category)
Candidate Camp	aign Party	Municipal	State/C	County	Referendum
PAC	Referendum	Organizationa	1 🗆	Organizational	Organizational
Independent Expenditure Legal Expense F	Joint Fundraiser	Thirty-five da	y	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	☐ Final
"Booster Fund"	10 11	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
provided Caldada		Semi-annual		Fourth	Special
		Mid Yea		Semi-annual	
Other:		Year End	·	Mid Year	10. Special Report Name
0 N 1 CD 1		Final		Year End	
8. Number of Fund	raisers this Report	Special		Final Special	
11. Account Inform	action		11. Account		
a. Financial Institution				titution Full Name	
Discover Bank			Photo-		
b. Purpose	c. Account Code		b. Purpose	IN-PERSON	c. Account Code
Campaign	GC	\D	1:	1111 0 0 2021	7
Account)r 	***	JUL 0 8 2024	**
	d. Period Begin Balanc	е		CABARRUS COUNTY	d. Period Begin Balance
	\$ 237.92		BOARD OF ELECTION		\$
CERTIFICATION					
					3, & 22D-22M of Chapter 163 of
	utes and that no funds are collicorrect and that I have been				s. I further certify that this report
Deborah Ba		ii trained by the NC	State Board of	Bran Dark	07/08/2024
_Decorail De	Printed Name of Signer		ignature of Appoin	nted Treasurer	Date
FOR OFFICE USE O	ONLY				
Date Received:	7-8-24	Employee:	WA	+N	Delivery Method Normal Mail
Date Postmarke	d:	Employee:			Registered Mail Hand Delivered
Date Scanned:	7-8-24	Employee:	WAI	N	Electronically Filed Signer has not received
Date Data Enter	ed:	Employee:	_		mandatory training
Please Note: Thi	s form cannot be used to an	and committee info	rmation such as	the committee add	rece treasurer assistant treasurer

Amendment

custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Aggregated Contributions from Individuals

Page $\underline{1}$ of $\underline{1}$ \square Yes \square No

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

			id if applicable)		2. II	D Number
Mela	anie Freeman fo	r School Board				
3. Co	ontributor Info	rmation				
a. Am		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add	GOP	Anedot	ACH deposit	06/11/2024	\$.66
	Remove	doi	Alledot		00/11/2024	\$.00
	Add					\$
	Remove					Ψ
\sqcup	Add					\$
<u> </u>	Remove					
ᆜ	Add	_				\$
<u> </u>	Remove					- 1 2
屵	Add	_				\$
<u>H</u>	Remove					
 	Add Remove	-				\$
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屵	Remove	-				\$
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H	Remove	-				\$
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H	Remove					\$
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Ħ	Remove					\$
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	Remove					\$
	Add					Φ.
	Remove					\$
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	Remove					D .
	Add					\$
	Remove					Ψ
	Add					\$
<u> </u>	Remove					
Ц_	Add	_				\$
4	Remove					
<u> </u>	Add	\dashv				\$
┽_	Remove	-				
┽-	Add	_				\$
+	Remove		-			
+	Remove	-				\$
\dashv	Add	1				
\dashv	Remove	+				\$
\dashv	Add					
\dashv	Remove					\$
\exists	Add					
<u> </u>	Remove					\$
4. To	otal only this	Page			\$.66
	otal of ALL (Pages			
			ummary Page CRO-1100)		\$	66

Amendment

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

	2. Type of Report		3. ID Number
Melanie Freeman for School Board	Q 2 2024		
Start of Election Cycle: January 1,	2023	Total this Reporting Peri	Total this od Election Cycle
4) Cash on Hand at Start		\$ 237.92	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$.66	\$ 20.66
6) Contributions from Individuals	(CRO-1210)	\$ 1715.00	\$ 2015.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	ons (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	;, 11d and 11e)	\$ 1715.66	\$ 2035.66
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1673.91	\$ 1705.99
13b) Contributions to Candidates/Political Committee	tees (CRO-1310)	\$ 183.98	\$ 183.98
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)	\$ 40.00	\$ 90.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	i, 16 and 17)	\$ 1897.89	\$ 1979.97
19) Cash on Hand at End (Add lines 4 and 12 together, then subt.	ract line 18)	\$ 55.69	\$ 55.69
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	s) (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)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
8) Contributions to be Refunded	(CRO-1215)	\$	\$

		m Individuals	¢ 5	Pg		2	Ye	
		(and Fund if applica		0 or contributions und	ier \$50 ii form CR	2. ID Nu		
	Freeman for Scho		<i>bic</i>)			2.10 114	mber	
3. Contr	ibutor Informati	on		Add ☐ Ren	move			
	me, Mailing Address			b. Job Title/Profession		d. Commer	nts	
	city, state, & zip)			Office				
Pamela F		1		F 1 1 N 6				
	Grove Church Ro NC 28025	oad		c. Employer's Name/Sp Pasture Manageme				
Concord	110 20023			T dotare manageme		e. Election	Sum to Date	
						\$	600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
	GOP	Check			04/08/2	024	\$	600.00
							\$	
							\$	
3. Contr.	ibutor Informati	on		Add Rei	move			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	ıts	
	city, state, & zip)			Retired				
Melanie	Freeman wer Rocky River I	Dood		c. Employer's Name/Sp	ie . Field			
	NC 28025	Coad		Musician	becilic Field			
						e. Election	Sum to Date	
						\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	GOP	EFT			05/19/2	024	\$	200.00
	GOP	EFT			05/20/2	2024	\$	300.00
	GOP	EFT			05/28/2	2024	\$	200.00
	butor Information				nove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	nts	
Melanie l	city, state, & zip) Freeman			Retired				
100	ver Rocky River F	Road		c. Employer's Name/Sp	ecific Field			
Concord	NC 28025			Musician				
						e. Election	Sum to Date	
						\$	1315.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	GOP	EFT			06/05/2	024	\$	200.00
	GOP	EFT			06/13/2	2024	\$	75.00
	GOP		para	de candy	06/20/2	2024	\$	40.00
4. Total	only this Pag	e				\$		1615.00
5. Total	of ALL CRO	-1210 Pages				•		1715.00
(This line	must be on line 6 of	Detailed Summary Page C	RO-1100)		\$		1715.00

Amendment

		m Individuals ividual contributions of	ver \$50	Por contributions un	0		Amendme Ye	
		(and Fund if applical	DESCRIPTION AND DESCRIPTION AND	o or contributions un	der \$50 ir form er	2. ID Nu	Annual Control of the	
	Freeman for Scho							
3. Contri	ibutor Informatio	on		Add R	emove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
(include	city, state, & zip)			Retired				
Betty Edv								
	break Ridge Road	d		c. Employer's Name/S	Specific Field			
Kannapo	lis NC 28081			Bookkeeping		Til d	C D	
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amoun	ı
	GOP	Check			04/08/2	2021	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add R	emove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
(include	city, state, & zip)							
				c. Employer's Name/S	Specific Field			
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amoun	
							\$	
							\$	
							\$	
3. Contri	butor Informatio	on		Add Re	emove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Commer	nts	
(include	city, state, & zip)							
						_		
				c. Employer's Name/S	Specific Field	+		
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	1	k. Amoun	
				A			\$	
							\$	
							\$	
4. Total	only this Pag	e				\$		100.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1715.00

\$

					Amendment
Disbursem	ents			Pg <u>1</u>	of 3 Yes No
			ee for; operating expe	nses, contribution	s to candidate/political
	coordinated party ex				
	ull Name (and Fun	d if applicable)			2. ID Number
	an for School Board		TD 0 1010 0 0		
3. Type of Disb			CRO-1310 forms for ed		
Operating E		Contributions to Ca	ndidates/Political Committe		Coordinated Party Expenditures
4. Payee Inform	CALLS AND PRINTED STREET THE STREET WHEN		Add b. Coordinated Commit	Remove	d Comments
	ing Address & Phone		b. Coordinated Commit	ttee Name	d. Comments
(include city, state, Cabarrus Count			+		
21 Union Street	•		c. Level Registered (Spe	ocify)	
Concord NC 28			Federal	County:	
PO Box 471	027		State	Municipality	e. Election Sum to Date
Concord NC 28	026-0471				5.55 26.55 26.55
704-305-6294	020 0172				\$ 104.48
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks
GOP	Debit Card	0	05/03/2024	\$104.48	Reagan Dinner
<u> </u>	Deon Card	0		\$104.40	5000
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Commit		d. Comments
(include city, state,					
NC GOP					
1506 Hillsborou	igh Street		c. Level Registered (Spe	ecify)	
Raleigh NC 276	505		Federal	County:	
919-828-6423			State	Municipality:	e. Election Sum to Date
					\$ 79.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks
					NC GOP
GOP	Debit Card	О	05/12/2024	\$79.50	Convention
					Convention
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commit	ttee Name	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Spe	ecify)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only thi	s Page				\$ 183.98

(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) 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate A* - Media B* - Printing C* - Fundraising 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)

\$

1857.89

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

Disbursements Use this form to report expenditures from the committee for; operating committees and coordinated party expenditures.	Pg expenses,	2 contrib	of outions to	_		dment Yes cal		No
1. Committee Full Name (and Fund if applicable)					2. ID N	Number	•	
Malania Frances for Caland Daniel								

	Full Name (and Fun	d if applicable)			2. ID Number
	an for School Board		TDO 1210 famous fam anal.	CD:-L	
3. Type of Dish Operating			CRO-1310 forms for each ndidates/Political Committees		pordinated Party Expenditures
4. Payee Inform		Contributions to Ca	Add	Remove	boldmated Party Expenditures
			b. Coordinated Committee N		d. Comments
(include city, state	ling Address & Phone , & zip)		b. Coordinated Committee P	vame	d. Comments
Amazon	N		I ID 14 1/6 16 \		
410 Terry Aver Seattle WA 98			c. Level Registered (Specify)		
206-266-1000	109		Federal	County:	e. Election Sum to Date
200-200-1000			State	Municipality:	e. Election Sum to Date
					\$ 334.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GOP	debit card	0	06/01/2024	\$120.90	sign stakes
GOP	debit card	0	06/03/2024	\$213.99	sign stakes
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
WIX					
100 Gansevoor			c. Level Registered (Specify)		
New York NY	10014		Federal _	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 174.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GOP	debit card	О	06/09/2024	\$174.00	website
				\$	
4. Payee Inform	nation		Add \square	Remove	
*	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	[[[[[] [[] [] [] [] [] [] [] [] [] [] []				
Town of Harris			1		
4100 Main Stre			c. Level Registered (Specify)		
Harrisburg NC2	28075		Federal	County:	
PO Box 100			State	Municipality:	e. Election Sum to Date
Harrisburg NC 704-455-5614	28075				\$ 77.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GOP	debit card	0	06/16/2024	\$77.50	parade
				\$	
5. Total only th	is Page				\$ 586.39
	CRO-1310 Pages				\$ 380.39
(This line goes in (This line goes in	line 13a of Detailed Sun line 13b of Detailed Sun	mary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politi		\$ 1857.89
			0 if Coordinated Party Expendit	tures)	
	es (List detailed ex			D	
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties		0	H* - Holdin	ner Candidate g Public Office Expenses on to Legal Expense Fund
CHEMISTANDA DE LE L'AGRESSIA DE PRÉDIT DE LA PROPRIADO DE LA P	e detailed explanat	ion in required r	emarks field (k)		

committees and	report expenditures coordinated party ex	penditures.	ee for; operating exp	Pg enses,	3 of contributions to	o candidate/political
	Full Name (and Fun	d if applicable)				2. ID Number
	an for School Board		70.00000	-		
3. Type of Disb			CRO-1310 forms for ndidates/Political Commit			
4. Payee Inform		Contributions to Car	Add Commit	tees	Remove	Coordinated Party Expenditures
	ing Address & Phone		b. Coordinated Comm	nittee N		d. Comments
(include city, state,			b. Coor amateu Comm	intec 14	ame	u. Comments
Dirt Cheap Sign			1			
6706 Lohmans			c. Level Registered (S	pecify)		
Lago Vista TX	78645		Federal		County:	
512-827-3466			State		Municipality:	e. Election Sum to Date
						\$ 1087.52
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	yy)	j. Amount	k. Required Remarks
GOP	Debit card	В	05/31/2024		\$1087.52	Yard Signs
					\$	
4. Payee Inform	nation		Add		Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Comm	ittee Na	ame	d. Comments
			c. Level Registered (S	pecify)	County: Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	(vv)	j. Amount	k. Required Remarks
Tricebunt Cour	g. r or m or r uy ment		n Date (min da yy)	37		R. Acquired Acmurks
					\$	*
					\$	
4. Payee Inform			Add		Remove	
	ing Address & Phone		b. Coordinated Comm	ittee Na	ame	d. Comments
(include city, state,	& zip)		-			
			c. Level Registered (Sp	necify)		
			Federal		County:	
			State	Ħ	Municipality:	e. Election Sum to Date
						\$
f Assessmt Code	a Farm of Daymont	h. Purpose Code	: D-4- (/34/			
f. Account Code	g. Form of Payment	n. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
					\$	
					\$	
5. Total only thi	is Page					\$ 1087.52
6. Total of ALL (This line goes in (This line goes in	CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum	mary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates 0 if Coordinated Party Ex			\$ 1857.89
	es (List detailed exp					
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties				H* - Holdi	other Candidate ing Public Office Expenses tion to Legal Expense Fund

	ions were or will	be retuilde	ed within	7 day	ys.		1000000
1. Committee Full Name (and Fund	d if applicable)					2. II	D Number
Melanie Freeman for School Board							
3. Contributor Information	Add		Remov				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Typ		Contributor vidual	c. Co	mments
Melanie Freeman 8776 Lower Rocky River Road Concord NC 28025				Party PAC			
Contoil ive 20025				Refe	erendum	d. El	ection Sum to Date
				Othe	er Receipt Source	\$	1315.00
e. Description					f. Date (mm/dd/y	ууу)	g. Fair Market Amount
Parade candy					06/20/202	.4	\$ 40.00
							\$
							\$
3. Contributor Information	Add		Remove	9			
a. Full Name, Mailing Address & Phone			b. Typ	oe of C	Contributor	c. Co	mments
(include city, state, & zip)				Cano Party PAC	erendum	d. El	ection Sum to Date
				Othe	er Receipt Source	•	
Decovintion		E12-003-3-76 N		Othe		\$	a Fair Maulat Amanus
e. Description				Othe	f. Date (mm/dd/y		g. Fair Market Amount
e. Description				Othe			
e. Description		3		Othe			\$
	□ Add		Remove				\$
3. Contributor Information	Add		Remove b. Typ	•		yyy)	\$
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	Add			e oe of C	f. Date (mm/dd/y	yyy)	\$ \$ \$
3. Contributor Information a. Full Name, Mailing Address & Phone	Add			e oe of C Indiv Cano	f. Date (mm/dd/y) Contributor vidual didate	yyy)	\$ \$ \$
3. Contributor Information a. Full Name, Mailing Address & Phone	Add			e oe of C Indiv Cano Party PAC	f. Date (mm/dd/y) Contributor vidual didate	e. Co	\$ \$ somments
3. Contributor Information a. Full Name, Mailing Address & Phone	Add			e oe of C Indiv Cano Party PAC Refe	f. Date (mm/dd/y) Contributor vidual didate	e. Co	\$ \$ \$

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

\$

\$

40.00

40.00

\$

\$