Use this form for general report and committee information. must be signed and submitted along with other detailed forms. Do not use this form to update information 1. Committee Information **Full Name** Melanie Freeman for School Board **Melanie Freeman for School Board **Melanie Freeman for School Board **Melanie Address (further City, State and Zip Code) **S76 Lower Rocky River Road Concord NC 28025 ***Concord NC 28025 ***Endown Concord NC 28025 **To Ever Rocky River Road Concord NC 28025 ***Septimes Committee (Check One) **Considerat Campusian Pears Pears Municipal Pears Referendum Organizational Organizational Pre-referendum Logal Expensions Logal Expensions Discover Bank Pre-student Pre-stu	Disclosure Re	-				Yes No			
1. Committee Information 1. Full Number 1. End Number	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								
Melanie Freeman for School Board									
Namiling Address (include City, State and Zip Code) 8776 Lower Rocky River Road 10/24/2024 e. Phone Number 704-455-9545	a. Full Name					c. ID Number			
Stream Second Start Date (mm/ddy) Stream To/24/2024	Melanie Freeman fo	or School Board							
Concord NC 28025 Concord NC	b. Mailing Address (incl	ude City, State and Zip Code)				d. Date Filed			
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 2024 07/01/2024 10/19/2024 10/19/2024 5. Treasurer Full Name Deborah Bamford Deborah Bamford Deborah Bamford Deborah Bamford Deborah Bamford Departational (Departational Departational Departat	$\frac{1}{10}$								
Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) Deborah Bamford						e. Phone Number			
2024						704-455-9545			
Condidate Campaign	2. Report Year 3. Period Start Date (mm/c		(d/vv)	5. Treasurer run					
Candidate Campaign	2024	07/01/2024	10/1	9/2024	Deborah Bamford				
PAC Referendum Organizational Or									
Independent Joint Fundraiser Pre-primary Pre-referendum Pre-primary Pre-pr									
Expenditure		Referendum	Organizational	' L	Organizational				
Pre-primary Prist First Supplemental Final Supplemental Final Supplemental Final Supplemental Final Supplemental Final Supplemental Final Annual Special Semi-annual Semi-annual Semi-annual Special	Expenditure		Thirty-five day	y	Quarterly	Pre-referendum			
Booster Fund" Pre-election Second Supplemental Final Annual Semi-annual Fourth Fourth Semi-annual Fourth Fourth Semi-annual Fourth Fourth Fourth Semi-annual Fourth Four			Pre-primary		First	Final			
Other: Semi-annual Semi-			Pre-election		Second	Supplemental Final			
Other:	Building Fund		Pre-runoff	$ \boxtimes$	Third	Annual			
Other:			Semi-annual		Fourth	Special			
Special Final Final Special Final Final Final Special Final Final Final Final Special Final			Mid Year	r	Semi-annual				
Special Final Final Special Final	Other:					10. Special Report Name			
Special Spec									
A. Financial Institution Full Name Discover Bank Discove	8. Number of Fund	raisers this Report	Special						
Discover Bank b. Purpose	11. Account Inform	ation		11. Account	Information				
C. Account Code D. Purpose C. Account Code D. Purpose RECEIVED RECEIVED Recount Code	a. Financial Institution I	Full Name		a. Financial Ins	titution Full Name				
Campaign Account GOP d. Period Begin Balance \$ 55.69 CERTIFICATION 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. Deborah Bamford Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Date Scanned: Employee: Date Scanned: Employee: Employee: Date Scanned: Date Date Date Entered: Employee: Employee: Employee: Date Committee address, treasurer, assistant treasurer.	Discover Bank								
Account GOP	b. Purpose	c. Account Code		b. Purpose		c. Account Code			
CABARRUS COUNTY BOARD OF ELECTIONS CERTIFICATION 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. Deborah Bamford Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Date Scanned: Date Data Entered: Employee: Employee: Employee: Employee: Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,		GC	GOP		15.4				
CERTIFICATION 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. Deborah Bamford	1 3 7 5 100 100 100 100	d. Period Begin Balance	, ,	UCI Z 4 ZUZ4 :-		d. Period Begin Balance			
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. Deborah Bamford		\$ 55.69				\$			
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. Deborah Bamford	CERTIFICATION								
Date Received: O/2 4/24 Employee: Delivery Method Normal Mail Registered Mail Hand Delivered Employee: WAN Electronically Filed Signer has not received mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	the NC General Statu is complete, true and	utes and that no funds are co correct and that I have been unford	ommingled with prob trained by the NC	nibited or other State Board of I	non-disclosed funds Elections. Bonyond	. I further certify that this report 10/24/2024			
Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Date Data Entered: Employee: Date Data Entered: Employee: Employee: Employee: Employee: Date Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	EOD OFFICE VICE O		S	ignature of Appoir	nted Treasurer	Date			
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Date Scanned: Date Data Entered: Employee: Employee:	Date Postmarke	d:	Employee:			Registered Mail			
Date Data Entered: Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	Date Scanned:	10-30-24	Employee:	WA	N	Electronically Filed			
	Date Data Enter	ed:	Employee:						
	Please Note: Thi					ess, treasurer, assistant treasurer,			

Amendment

CRO-1000 NC State Board of Elections August 2008

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

Detailed Summary

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

Amendment
Yes No

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-1315) \$	26.04	\$	26.04
-1420) \$		\$	
-1320) \$		\$	
-1510) \$		\$	90.00
\$	149.82	\$	2129.79
\$	180.87	\$	180.87
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Aggregated Contributions from Individuals

Amendment Yes

No

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

	mmittee Full Na nie Freeman for		d if applicable)		2. I	D Number
3. Cor	atributor Inform			11.7.7		
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<u> </u>	Add	GOP	Anedot		09/09/2024	\$ 25.00
<u>H</u>	Remove	-				
\vdash	Add Remove	-				\$
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\vdash	Remove	-				\$
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4. To	tal only this	Page			\$	25.00
5. To	tal of ALL C	RO-1205 I	Pages		\$	25.00
(This	line must be on line	5 of Detailed Si	ummary Page CRO-1100)		Ψ	25.00

		m Individuals	over \$50	P O or contributions un		RO 1205 is n	Amendmen Yes ot used	t No
	The second secon	(and Fund if applica				2. ID Nui	The second secon	
Melanie	Freeman for School	ol Board						
3. Contr	ibutor Informatio	on		Add R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	its	
	city, state, & zip)			Sales Rep				
Ashley S								
	Island Lane			c. Employer's Name/	Specific Field	-		
Harrisbui	rg NC 28075			Regennesis		e. Election	Sum to Date	
						\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	 Kind Description	j. Date (mm/dd/y	vvv)	k. Amount	
	GOP	Check	1	and Description	08/20/		\$	150.00
	dor	CHECK			08/20/	2024	-	130.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	nts	
	city, state, & zip)			Landlord				
	alerba Weinzierl							
	anel Court			c. Employer's Name/				
Concord	NC 28025			Retired	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/	ууу)	k. Amount	
	GOP	Anedot			09/10/	2024	\$	100.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add R	emove			
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
(include	city, state, & zip)							
				c. Employer's Name/	Specific Field			
						a Flortian	Sum to Date	200200000000000000000000000000000000000
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							\$	
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4. Tota	l only this Pag	e				\$		250.00
5. Tota	of ALL CRO	1210 Pages				\$		250.00
(This lin	e must be on line 6 of	Detailed Summary Page (CRO-110	0)		The state of the s		250.00

Disbursem	ents		Pg	1 of	Amendment Yes No
Use this form to	report expenditures	from the committee	ee for; operating expenses,	-	candidate/political
committees and	coordinated party ex	penditures.			
	ull Name (and Fun	d if applicable)			2. ID Number
	an for School Board				
3. Type of Disb			RO-1310 forms for each t		
Operating E		Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	1.6
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state, Sheet Labels	& zip)				
24 Native Drive	·		c. Level Registered (Specify)		
Queensbury NY			Federal	County:	-
Queensoury 111	12001		State	Municipality:	e. Election Sum to Date
					0 1556
					\$ 15.56
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GOP	Debit Card	0	09/08/2024	\$15.56	labels
GOI	Debit Card	0	09/00/2024	\$13.30	
				\$	
4 D I6			A.1.1	Damasa	
4. Payee Inform			Add	Remove	d. Comments
	ng Address & Phone		b. Coordinated Committee N	ame	u. Comments
Online Labels	& zip)				
2021 E Lake Ma	ary Blyd		c. Level Registered (Specify)		
Sanford FL 327			Federal County:		
			State Municipality:		e. Election Sum to Date
					¢ 40.92
					\$ 40.82
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GOP	Debit Card	0	09/08/2024	\$40.82	labels
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
Amazon					
410 Terry Aven	ue N		c. Level Registered (Specify)		
Seattle WA 981	09		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 67.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					doorhanger bags
GOP	Debit Card	0	09/15/2024	\$67.40	
		Α		\$	
				\$	
5. Total only thi	is Page				\$ 123.78
	CRO-1310 Pages				
			0 if Operating Expenses)		\$ 123.78
			0 if Contrib to Candidates/Politi		
			0 if Coordinated Party Expendit	ures)	
A* - Media	es (List detailed ex B* - Printing	C* - Fundamental C* - Fundamental C*		D - To Anoth	her Candidate
E - Salaries	F* - Equipment				g Public Office Expenses
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund
O* - Other			1 4 11 4		
* Codes requir	e detailed explanat	ion in required r	emarks field (k)		

Aggregated	Non-Media	Expenditures
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	Amendment				
Page of	☐ Yes ☐ No				

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Commit	1. Committee Full Name (and Fund if applicable) 2. ID Number							
Melanie Freeman for School Board								
3. Payee Information								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks		
Add Remove	GOP	debit card	0	10/11/2024	\$ 2.64	book rings		
Add Remove	GOP	cash	О	10/11/2024	\$ 13.80	data request		
Add Remove	GOP	EFT	0	10/11/2024	\$ 4.00	fee		
Add Remove	GOP	EFT	0	09/10/2024	\$ 4.30	anedot fee		
Add Remove	GOP	EFT	О	09/10/2024	\$ 1.30	anedot fee		
Add Remove					\$			
Add Remove			5	9.	\$			
Add Remove					\$			
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NAME AND ADDRESS OF THE OWNER, THE	THE RESIDENCE IN COMMENTS OF THE PARTY OF	Detailed Summary Page	Manager Street Sec. of Sec. at a con-		\$26.04			
6. Purpo	se Codes (List	detailed expendi	iture code in (c	d) above)	T- Ad C	: Jaka		
E - Salar		Printing Equipment	C* - Fundr G - Political		To Another CandHolding Public			
I - Posta		Penalties	K* - Office			egal Expense Fund		
O* - Ot	Contract and the second		i onice	Z.ipenses Q	Dominion to L	- Superior Land		
* Codes require detailed explanation in required remarks field (g)								