Disclosure			ee information r	must be signed and su	hmitted alov	Amendment Yes No ng with other detailed forms.		
Do not use this f			ce information, i	ilust be signed and st	ionnica ator	ng with other detailed forms.		
1. Committee In								
a. Full Name	normation					c. ID Number	-	
COUATREY BOIKS MELOUGHIN						t. ID I tumber		
b. Mailing Address		J. D. 4. Ell. J						
LOO L		C and Zip Code	:)	9		d. Date Filed		
11/26	1026 Elle Ave feufteurus, DC 28314					01/26/21		
feuf	acor ca) lac	2001			e. Phone Number		
0						410)250-0148		
2. Report Year	3. Period Start	Date (mm/dd	/yy) 4. Period I	End Date (mm/dd/yy)	5. Treasure	er Full Name	0 1	
20A	01/9/19	7	auls	9/19	CONAL	rep Banks-marc	x Br	
6. Type of Com			And the second s		type of repo	ort from one category)		
Candidate Cam		2	Municipal	State/County		Referendum		
PAC Independent Ex		erendum	Organizationa			Organizational		
☐ Independent Ex☐ Legal Expense	•	t Fundraiser	Thirty-five da Pre-primary	y Quarterly First		Pre-referendum Final		
Legal Expense	runa		Pre-election	H Seco		Supplemental Final	1	
7. Type of Fund	(if applicable,	check one)	Pre-runoff	Third		Annual		
Booster Fund			Semi-annual	Fourth		Special		
Building Fund			Mid Yea	ar Semi-annual				
			Year End			10. Special Report Name		
Other:	and the same of th	N	Final		End		1	
8. Number of Fi	unaraisers this	Report	Special	Final			1	
11. Account Info				Special			4	
a. Financial Institut				11. Account Inform a. Financial Institution			4	
Veil	1 5 n C	59 00	Colit	a. Financiai institution Full Name				
b. Purpose	p cruje	c. Account Co		l n			-	
210 1/21 22		e. Account Co	de	b. Purpose		c. Account Code	-	
comittee 01							1	
funds d. Period Beg s 0			in Balance			d. Period Begin Balance		
ceptifit & a						\$		
CERTIFICATI							1	
I certify that the	Committee or Fun	nd is in compli	iance with all appl	icable provisions of Ar	ticle 22A, 22I	B & 22D-22M of Chapter 163 ands. I further certify that this	1	
report is comple	te, true and correc	t and that I ha	ve been trained by	the NC State Board of	Elections.	mas. Fraction certify that this	1	
0.0	r	Ma	gen.	01/0	\Rightarrow	01101 101		
(goldu	of part	जेकिए ए	1 Tanca	ration		0112614	1	
	rinted Name of Sign	er La ll V	201 Sig	nature of Appointed Treas	surer	Date		
FOR OFFICE U	1111	1 9 0 00	21					
Date Receive	ed: All JAI	N 2 6 20	Employ	yee:		ivery Method Normal Mail		
Data Data da La Pari						Registered Mail		
Date Postma	rked: BY:		Employ	yee:		Hand Delivered		
Date Scanne	d:		_ Employ	yee:		Electronically Filed		

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

Employee:

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

Date Data Entered:

Signer has not received mandatory training

Detailed Summary

Amendment

Z-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 Courtney Bank Melaughlin organization BCZYC Total this Total this Start of Election Cycle: 2018 January 1, Reporting Period Election Cycle 4) Cash on Hand at Start RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) \$ 7) Contributions from Political Party Committees (CRO-1220) \$ 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds \$ 17O 1UO 88 (CRQ-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 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) 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) 13b) Contributions to Candidates/Political Committees (CRO-1310) 13c) Coordinated Party Expenditures (CRO-1310) \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ (5) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) 17) In-Kind Contributions (CRO-1510) 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 100.88 100 88 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18' ◐ ADDITIONAL/INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (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) \$ 28) Contributions to be Refunded (CRO-1215) \$

Loan Proceeds				Amendment Yes No		
Use this form to report proceeds from a loan and loan end	Pg orser's information	of		Yes No		
A loan proceeds statement must accompany each loan that	t is from an individ	CONTRACTOR OF THE PROPERTY OF				
1. Committee Full Name (and Fund if applicable)			2. ID Numb			
Coultney Banks - Mclau	ghlin		808	4CT		
The state of the s	Add /			Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Professio	1		d. Comments		
	nowhile	20)		\$100.88		
Cunterfound Country Bourd of Electrical north Fountainhand land				e. Start Date (mm/dd/yyyy)		
nnn fruntainhad land	c. Employer's Name/S			00119/2019		
Fayetteville, NE 28301	unamplag	<u>O</u>		f. End Date (mm/dd/yyyy)		
,						
g. Rate b. Security Pledged i.	Account Code	j. Form of Payn	ien f	k. Amount		
%		n o ki in wi waka	And the second leaf sector h	\$ 100.88		
		verview by the contraction of the	v 2000 - 2000 1000 1000 1000 1000 1			
1. Full Name of Lending Institution			m. Loan	Number		
4. Endorsers/Makers (The people who guarantee the l						
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profess	ilon	c. Emplo	yer's Name/Specific Field		
No contract of the contract of	48					
	d. Percentage		e, Amoui	1		
		%				
			\$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profess	ion	c. Emplo	yer's Name/Specific Field		
	d. Percentage		e. Amoui			
	. September 1997, in month	%				
	# 1700 Day 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		\$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profess	ion	c. Emplo	yer's Name/Specific Field		
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	1					
	d. Percentage		e. Amour	ıt		
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		70	۵ ا			

CRO-1410

5. Total of ALL CRO-1410 Pages

(This line must be on line 9 of Detailed Summary Page CRO-1100)

\$ INO.88



North Carolina

State Board of Elections 441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

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: COUMEX FRATE - MICHAN							
• Person or committee to make loan: County Banks my							
• Date of loan to committee: \frac{1/19/19}{}							
Name of lending institution and account number (source):							
• Amount of loan: 2000							
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:							
I, Councy Council McCouncil McCouncil May not forgive a loan 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 Date Signed							
Contony major might							
Signature of Treasurer of Committee Date Signed CRO-6100 Logn Proceeds Statement Date Signed							
CRO-6100 Loan Proceeds Statement July 2014							

Disburseme	ents			p	Pg	of		Amendment Yes		No
	report expenditures : coordinated party ex		e for; operat		-	ributions to o	andidate	/political		
. Committee B	full Name (and Euro	dáfapplicable)				a something a concession		, ID Number		
Type of Dish		WFS — M Ise use sepurate Cl				of Disbursen	(enfs)			
Operating E	Expenses	Contributions to Cand	didates/Politica		S	☐ Co		'arty Expenditures	,	
nclude city, state,	ing Address & Phone & zip)		Add b:Coordinate	l≝ ed Committe		emove.	d. Com	nents:		
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, ,			State		Mu	unicipality:	e, Electi	on Sum to Date		
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	ing Address & Phone		Add b:Coordinat	ed Committe		smove .	d. Com	nents	Samuel II.	
nclude city, state,	& zip)		l							
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Account.Code	g::Rorm of Payment	h. Purpose Gode	i. Date (m	(m/dd/yyyy)	j. <u>/</u>	Amount	k. Requ	ired Remarks		100 (351.V45) 12 (457.V44) 12 (467.V44)
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					\$					
. Payee Inform	***************************************		Add		- Paramore Commentations	move				
Full Name; Malli nclude city; state;	ing Address & Phone & zip)		bi Goordinate	ed Committe	e Name		d.Com	nents		
			c. Level Regi	***	-					
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. Rotallof Atal.	.CRO-1810 Pages	2 CRO 1100	2 ' C 2 di 1					54		
(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)							\$ 1	U0'8 0		

This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures

7. Purpose Codes (Laist 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

O* - Other

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