## **Disclosure Report Cover**

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

1.0			4.11.1		1.1 1.51	1		
1. Committee Infor	mation			十二十二十二	22.278 n			
a. Full Name		0.1.1						c, ID Number
Committee To Elec	t Mitch	Colvin						06
b. Mailing Address (incl	-	, State and Zip Code)						d. Date Filed
2010 Murchison Rd Fayetteville NC 283								01/31/2022
1								e. Phone Number
								910-987-2637
2. Report Year	3. Per	iod Start Date (mm/d	d/yy)	4. Period I (mm/dd/yy)	End Da	te	5. Treasurer Full	Name
2021		01/01/2021		06/3	0/2021		Wixie Devone Ste	phens
6. Type of Committ	tee (Che	eck One)	9. Ty	pe of Report	(c	heck or	ly one type of report	from one category)
Candidate Camp	aign [	Party	Munici			State/C	County	Referendum
PAC	Ľ	Referendum		Organizational			Organizational	Organizational
Independent Expenditure Legal Expense F		Joint Fundraiser		Thirty-five day			Quarterly	Pre-referendum
7. Type of Fund		licable, check one)		Pre-primary			First	Final
"Booster Fund"	() ()	incubic, encer oney	H	Pre-election		Н	Second	Supplemental Final
Building Fund			H	Pre-runoff		Н	Third	Annual
				Semi-annual		Π	Fourth	Special
			$\boxtimes$	Mid Year			Semi-annual	
Other:				Year End			Mid Year	10. Special Report Name
				Final			Year End	
8. Number of Fund	raisers	this Report		Special			Final	
	0						Special	
11. Account Inform	nation	(			11. Ac	count	Information	
a. Financial Institution	Full Nam	e			a. Fina	ncial Ins	titution Full Name	
First Horizon Bank								
b. Purpose		c. Account Code			b. Purp	ose		c. Account Code
		06	5					
	ļ	d. Period Begin Balance	•					d. Period Begin Balance
		\$ 44.92						\$
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.								
Ni		D. Stephens ed Name of Signer			Un-	e U	Stephons _	1/31/2022
FOR OFFICE USE O	and the second se	d Name of Signer		21	gnature c	ы Аррон	nted Treasurer	Date
Date Received:				Employee:	,	Un	-K	Delivery Method
Date Postmarke	d:	JAN 3 1 2022		Employee:			(	Normal Mail     Registered Mail     Hand Delivered
Date Scanned:		:		Employee:				Electronically Filed Signer has not received
Date Data Enter	ed:			Employee:		And the second second		mandatory training
Please Note: Th	is form						s the committee addre t information.	ess, treasurer, assistant treasurer,

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

Amendment

No No

## Detailed Summary

Use this form to summarize al	l disclosure	reporting	forms and	to total	monetary	information.
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No

1. Committee Full Name (and Fund if applicable)		3. ID Number	
Committee To Elect Mitch Colvin	Mid Year Semi-A	nnuta	06
Start of Election Cycle: January 1,	2021	Total this	Total this
	<u></u>	Reporting Period	
4) Cash on Hand at Start		\$ 44.92	\$ 6340.00
<b><u>RECEIPTS</u></b>	(CDO 1985)	6	- Lo
<ul><li>5) Aggregated Contributions from Individuals</li><li>6) Contributions from Individuals</li></ul>	(CRO-1205)	\$	\$
	(CRO-1210)	S	\$
7) Contributions from Political Party Committees	(CRO-1220)	S	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 5315.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
<ul><li>11) Other Receipt Sources</li><li>11a) Interest on Bank Accounts</li></ul>	(CRO 1250)	e	e
	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizat		\$	\$
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, 1	llc, Ild and Ile)	S	\$ 6340.00
EXPENDITURES			
13) Disbursements		÷	
13a) Operating Expenditures	(CRO-1310)	\$ 4168.92	\$ 4168.92
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	S	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	S	\$
17) In-Kind Contributions	(CRO-1510)	\$ 1000.00	\$ 1000.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 5168.92	\$ 5168.92
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ubtract line 18)	\$ 1216.00	\$ 1216.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) <i>(CRO-1430)</i>	\$ 5315.00	
22) Debts and Obligations owed By the Committee	(CRO-1610)	S	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	S	
25) Administrative Support	(CRO-1710)	S	S
26) Forgiven Loans	(CRO-1440)	\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	s	S
28) Contributions to be Refunded	(CRO-1215)	\$	s
	(0110 1010)	-	····· · · · · · · · · · · · · · · · ·

Committee to Elect Mich Colvin		l coordinated party of Full Name (and Fu				
□ Operating Expenses       □ Contributions to Candidates/Political Committees       □ Condinated Party Expenditu         4: Payee Information       Add       □ Reinove       □ Condinated Party Expenditu         A: Dill Name, Malling Address & Pione       b. Coordinated Committee Name       d. Comments         First Horizon Bank       □ County:       □       Add       □ Reinove         P.O. Box 84       □ Level Registered (Specify)       ↓ Amount       b. Required Remarks         debit       O       01/29/2021       \$20.00       Peers         Add       □ Date (mm/dd/yyyy)       ↓ Amount       b. Required Remarks         a. Full Name, Malling Address & Phone       0       01/29/2021       \$9.92       Paper Statement         s. Full Name, Malling Address & Phone       0       01/29/2021       \$9.92       Paper Statement         a. Full Name, Malling Address & Phone       0       02/26/2021       \$1.000       Federal       □ County:         first Horizon Bank       P.O. Box 84       □       C. Level Registered (Specify)       ↓ Amount       b. Required Remarks         first Horizon Bank       P.O. Box 84       □       C. Level Registered (Specify)       ↓ Amount       ↓ Required Remarks         forthed city, state, & zhy)       Frederal       □ County:       ↓ Re	Committee to	Elect Mitch Colvin	nd it applicable)			2. D Number
L       Operating Expenses       □       Contributions to Candidates/Political Committees       □       Contradicate Tany Expending         A. Payee Information       □       Add       □       Reinove       d. Comments         a. Pall Name, Mailing Address & Phone (metude ety, state, & zip)       b. Coordinated Committee Name       d. Comments       d. Comments         First Horizon Bank       -       Level Registered (Specify)       .       e. Election Sum to Date         P.O. Box 84       -       Level Registered (Specify)       J. Amount       k. Required Remarks         debit       O       01/29/2021       \$20.00       Bank Service Precs         a. Full Name, Mailing Address & Phone       D. Coordinated Committee Name       d. Comments       -         debit       O       01/29/2021       \$20.00       Bank Service Charges         a. Full Name, Mailing Address & Phone       D. Coordinated Committee Name       d. Comments       -         first Horizon Bank       -       Level Registered (Specify)       -       -         First Horizon Bank       -       Level Registered (Specify)       -       -         First Horizon Bank       -       Level Registered (Specify)       -       -         First Horizon Bank       -       Level Registered (Speci	3. Type of Disl	oursement <u>(Pla</u>	ease use separate (	RO-1310 forms for each	type of Disburse	nent)
4. Payee Information       Add       Kernove         - Full Name, Mailing Address & Phone (include city, state, & stap)       b. Coordinated Committee Name       d. Comments         First Horizon Bank       - Clevel Registered (Specify)       -         Memphis, TN 38101       Back Service       \$         f. Account Code       g. Form of Payment       h. Purpose Code       L Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         debit       O       01/29/2021       \$20.00       Pees       Pees       State       Paper Statement service charges         a. Full Name, Mailing Address & Phone (Include city, state, 8. zip)       D       Coundities       Coundities       Coundities         P.O. Box 84       C. Level Registered (Specify)       Longe (Specify)       Guantee Coundities       Coundities         P.O. Box 84       C. Level Registered (Specify)       Coundities       Coundities       State       Coundities         P.O. Box 84       C. Level Registered (Specify)       State       Municipality:       c. Election Sum to Date         P.O. Box 84       C. Level Registered (Specify)       Coundities       State       Coundities         Memphis, TN 38101       C. Level Registered (Specify)       Lone (State Specify)       State       State         R. Account Code		Expenses	Contributions to Ca	ndidates/Political Committees		
Include City, state, & 2ip)       Inclumental         First Horizon Bank       F. Level Registered (Specify)         Memphis, TN 38101       Image: State include Compt: include Com	· · · · · · · · · · · · · · · · · · ·	the second s		Add	a state of the sta	
I. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         debit       O       01/29/2021       \$20.00       Fees       Payre Statement         debit       O       01/29/2021       \$9.92       Papro Statement         a. Pull Name, Malling Address & Phone       Add       C       Remove       d. Comments         first Horizon Bank       P.O. Box 84       C. Level Registered (Specify)       d. Comments       S         Memphis, TN 38101       Federal       County:       e. Election Sum to Date         f. Account Code       g. Form of Payment       h. Purpose Code       1. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         debit       O       02/26/2021       \$15.00       bank service       fees         debit       O       02/26/2021       \$5.00       paper statement         a. Pull Name, Malling Address & Phone       Add       Remove       c. Election Sum to Date         f. Account Code       g. Form of Payment       h. Purpose Code       1. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         f. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks </td <td>(include city, state First Horizon I P.O. Box 84</td> <td><u>, &amp; zip)</u> 3ank</td> <td></td> <td>c. Level Registered (Specify</td> <td>9</td> <td>d. Comments</td>	(include city, state First Horizon I P.O. Box 84	<u>, &amp; zip)</u> 3ank		c. Level Registered (Specify	9	d. Comments
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debit     O     01/29/2021     \$20.00     Bank Service Fees       4. Payce Information     Add     Remove       A Full Name, Mailing Address & Phone (Include city, state, & 2ip)     b. Coordinated Committee Name     d. Comments       First Horizon Bank     p. O. Box 84     c. Level Registered (Specify)     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       f. Account Code     g. Form of Payment     h. Purpose Code     i. Date (mm/dd/yyyy)     j. Amount     k. Required Remarks       f. Account Code     g. Form of Payment     h. Purpose Code     i. Date (mm/dd/yyyy)     j. Amount     k. Required Remarks       P.O. Box 84     O     02/26/2021     \$15.00     bank service fees     paper statement       debit     O     02/26/2021     \$5.00     paper statement       f. Account Code     g. Form of Payment     h. Purpose Code     i. Date (mm/dd/yyyy)     j. Amount     k. Required Remarks       P.O. Box 84     E. Level Registered (Specify)     s.     s.     s.       Memphis, TN 38101     State     Numicipality.     s. Election Sum to Date       findude city, state, & 2ip)     Federal     County:     s.       First Horizon Bank     O     03/12/2021 <t< td=""><td>f. Account Code</td><td>g. Form of Payment</td><td>h. Purpose Code</td><td>i. Date (mm/dd/yyyy)</td><td>i. Amount</td><td>k. Required Remarks</td></t<>	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Required Remarks
debt       0       01/29/2021       \$20.00       Fees         debt       0       01/29/2021       \$9.92       Paper Statement service charges         a. Full Name, Mailing Address & Phone (include city, state, & zip)		dehit	0		·····	
4. Payce Information       Add       Remove         a. Full Name, Mailing Address & Phone (include city, state, & zip)       b. Coordinated Committee Name       d. Comments         First Horizon Bank       P.O. Box 84       c. Level Registered (Specify)       i. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         f. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         debit       O       02/26/2021       \$15.00       bank service fees       paper statement         A. Payce Information       Add       Remove       a. Comments       debit       O         n. Full Name, Mailing Address & Phone (include city, state, & zip)       b. Coordinated Committee Name       d. Comments         first Horizon Bank       C. Level Registered (Specify)       i. Amount       k. Required Remarks         P.O. Box 84       C. Level Registered (Specify)       i. Amount       \$. Election Sum to Date         Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       \$. Required Remarks         voer draft       O       03/12/2021       \$37.00       over draft       charge         i. Date (mm/dd/yyyy)			<u> </u>	01/29/2021	\$20.00	· · ·
4. Payce Information       Add       Remove       service charges         a. Full Name, Malling Address & Phone       b. Coordinated Committee Name       d. Comments         first Horizon Bank       P.O. Box 84       c. Level Registered (Specify)       c. Election Sum to Date         Memphis, TN 38101       Federal       County:       s. Election Sum to Date         f. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         debit       O       02/26/2021       \$15.00       bank service fees       ges         a. Full Name, Mailing Address & Phone       D. Coordinated Committee Name       d. Comments       debit         O       02/26/2021       \$15.00       bank service fees       ges         a. Full Name, Mailing Address & Phone       D. Coordinated Committee Name       d. Comments         include city, state, & zip)       Federal       County:       service fees         First Horizon Bank       Federal       County:       service       service         frederal       O       03/12/2021       \$37.00       over draft         chebit       O       03/262021       \$5.00       paper statement         chebit       O       03/262021       \$5.00		debt	0	01/29/2021	\$9.92	
a. Full Name, Mailing Address & Phone (include city, state, & zip) First Horizon Bank P.O. Box 84 Memphis, TN 38101 f. Account Code a. Form of Payment b. Purpose Code b. Coordinated Committee Name b. Coordinated Committee Name c. Level Registered (Specify) i. Date (mm/dd/yyyy) j. Amount b. Required Remarks bank service fees b. Coordinated Committee Name c. Election Sum to Date state c. Election Sum to Date state c. Election Sum to Date f. Account Code c. Election Sum to Date c. County: c. Election Sum to Date c. Election Sum to Date c. Election Sum to Date c. Election Sum to Date c. S c. Total only this Page c. Total of ALL CRO-1310 Pages c. Total of ALL CRO-1310 Pages c. This line goes in line 13s of Detailed Summary Page CRO-1100 if Counting to Caudidates/Political County c. S c. Alto Set Counting transpondent c. S c. Counter c. Election Sum to S c. County: c. Election Sum to S c. Election Sum to S c. County: c. Election Sum to S c. County: c. Election Sum t	4. Payee Inform	l nation				service charges
(include city, state, & zip)       First Horizon Bank       . Level Registered (Specify)         P.O. Box 84       . Level Registered (Specify)       . Election Sum to Date         Memphis, TN 38101       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         debit       O       02/26/2021       \$15.00       bank service fees         debit       O       o2/26/2021       \$5.00       paper statement         4. Payce Information       Add       Remove       b. Coordinated Committee Name       d. Comments         First Horizon Bank       P.O. Box 84       e. Level Registered (Specify)       e. Election Sum to Date         First Horizon Bank       P.O. Box 84       e. Level Registered (Specify)       e. Election Sum to Date         Memphis, TN 38101       Federal       County:       e. Election Sum to Date         State       Municipality:       e. Election Sum to Date       \$         Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         O       03/12/2021       \$37.00       over drat       charge         debit       O<	Contraction of the second s	way on an idea and one transmission in the second statements		anne a star ann ann an a		d Comments
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Memphis, TN 38101       Image: Second County:       County:       Ender Co						
Memphis, TN 38101       Federal       County:       e. Election Sum to Date         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         debit       O       02/26/2021       \$15.00       bank service fees         debit       O       02/26/2021       \$5.00       paper statement         4. Payee Information       Add       Remove       d. Comments         a. Full Name, Mailing Address & Phone (include city, state, & zip)       b. Coordinated Committee Name       d. Comments         First Horizon Bank       -       Federal       County:       e. Election Sum to Date         P.O. Box 84       -       Federal       County:       e. Election Sum to Date         Memphis, TN 38101       Federal       County:       e. Election Sum to Date         S       .       Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         over draft       O       03/12/2021       \$37.00       over draft       charge         debit       O       03/262021       \$5.00       paper statement       charges	P.O. Box 84		、 、	c. Level Registered (Specify	)	
Image: 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         debit       O       02/26/2021       \$15.00       paper statement         debit       O       02/26/2021       \$5.00       paper statement         A. Payee Information       Add       Remove       h. Comments         a. Full Name, Mailing Address & Phone       b. Coordinated Committee Name       d. Comments         First Horizon Bank       -       e. Level Registered (Specify)       -         P.O. Box 84       -       Federal       County:       -         Memphis, TN 38101       -       Federal       County:       -         debit       O       03/12/2021       \$37.00       charge         debit       O       03/12/2021       \$37.00       charge         debit       O       03/262021       \$5.00       paper statement         charges       S       91.92       -       \$91.92         Total only this Page       S       \$ 91.92       \$ 91.92         Total of ALL CRO-1310 Pages       S       \$ 91.92       \$ 91.92         This line	Memphis, TN 3	8101				
f. Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         debit       O       02/26/2021       \$15.00       bank service fees         debit       O       02/26/2021       \$5.00       paper statement         4. Payee Information			[	State	-	e. Election Sum to Date
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debit       O       02/26/2021       \$15.00       bank service fees         debit       O       o2/26/2021       \$5.00       paper statement         4. Payee Information       Add       Remove       Add       Remove         b. Full Name, Mailing Address & Phone include city, state, & 21p)       b. Coordinated Committee Name       d. Comments         First Horizon Bank       P.O. Box 84       c. Level Registered (Specify)       d. Comments         P.O. Box 84       c. Level Registered (Specify)       c. Election Sum to Date         State       Municipality:       c. Election Sum to Date         debit       O       03/12/2021       \$37.00         debit       O       03/262021       \$5.00       paper statement charges         . Total only this Page       S       91.92       \$4168.92	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/vvvv)	i Amount	
debit       O       02/26/2021       \$15.00       fees         debit       O       02/26/2021       \$5.00       paper statement         4. Payee Information       Add       Remove       Add       Remove         a. Full Name, Mailing Address & Phone include city, state, & zip)       b. Coordinated Committee Name       d. Comments         First Horizon Bank       P.O. Box 84       e. Level Registered (Specify)       e. Election Sum to Date         P.O. Box 84       Federal       County:       e. Election Sum to Date         State       Municipality:       e. Election Sum to Date         State       0       03/12/2021       \$37.00         debit       O       03/262021       \$5.00       paper statement         charge       \$       91.92       \$       \$         Statal of ALLI. CRO-1310 Pages       \$       \$       \$       \$         (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)       \$       \$       \$		dahit	0			
4. Payee Information       Add       Remove         a. Full Name, Mailing Address & Phone include city, state, & zip)       b. Coordinated Committee Name       d. Comments         First Horizon Bank       e. Level Registered (Specify)       include city, state, & zip)       include city, state, & zip)         First Horizon Bank       e. Level Registered (Specify)       include city, state, & zip)       include city, state, & zip)         First Horizon Bank       e. Level Registered (Specify)       include city)       include city, state, & zip)         Memphis, TN 38101       Federal       County:       include city)         State       Municipality:       include city, state, & zip)         Account Code       g. Form of Payment       h. Purpose Code       i. Date (mm/dd/yyyy)       j. Amount       k. Required Remarks         O       03/12/2021       \$37.00       over draft charge       over draft charge         debit       O       03/262021       \$5.00       paper statement charges         S. Total of ALL, CRO-1310 Pages       \$ 91.92       \$ 4168.92         (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)       \$ 4168.92			0	02/26/2021	\$15.00	
4. Payee Information       Add       Remove         a. Full Name, Mailing Address & Phone       b. Coordinated Committee Name       d. Comments         (include city, state, & zip)       First Horizon Bank       c. Level Registered (Specify)       c. Level Registered (Specify)         First Horizon Bank       P.O. Box 84       c. Level Registered (Specify)       c. Election Sum to Date         Memphis, TN 38101       Federal       County:       c. Election Sum to Date         State       Municipality:       c. Election Sum to Date         debit       O       03/12/2021       \$37.00         over draft       charge       paper statement         charges       \$ 91.92       \$ 91.92         This line goes in line 13a of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)       \$ 4168.92		debit	0	02/26/2021	\$5.00	paper statement
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(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	(This line goes in l		mary Page CRA_1100 ;	if Coordinated Party Expenditu	ures)	
Purpose Codes         (List detailed expenditure code in (h.) above)           * - Media         B* - Printing         C* - Fundraising         D - To Another Candidate	(This line goes in l	ne 13c of Detailen Sum	and y i uge ChO-1100		SAUGE SHEEK AND	MICHINE REAL REPORT OF THE REAL REAL REAL REAL REAL REAL REAL REA

Disbursen Use this form t	o report expenditure	s from the committ	ee for; operating exp	Pg penses.	<u>2</u> of contributions to	Amendment <u>5</u> Ves No candidate/political
committees and	d coordinated party e	expenditures.	operating on	,011303		candidate/pointcar
1. Committee	Full Name (and Fu					2. ID Number
Committee to	Elect Mitch Colvin			<u>konnet-rijet (66</u>		
3. Type of Dis	bursement <u>(Pla</u>	ease use separate C	<u> RO-1310 forms for</u>	each 1	vne of Dishursen	lent)
Operating	Expenses	Contributions to Ca	ndidates/Political Commit	ltees		ordinated Party Expenditures
4. Payee Infor	mation		Add		Remove	
a. Full Name, Ma	lling Address & Phone		b. Coordinated Comn	littee N		d. Comments
(include city, state						
First Horizon I	Bank					
P.O. Box 84			c. Level Registered (S	pecify)		
Memphis, TN	38101		Federal		County:	
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	debit	0	03/12/2021		\$25.00	Bank Service
						Fees
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4. Payee Inform	nation		Add		Remove	
1 (1 Martin 1 1 Martin	ng Address & Phone		b. Coordinated Commi	ttee Na	and the second	d. Comments
(include city, state,	승규는 사람은 것이 안 가지 않을 것이 많이 했다.					di cominenta
Kali Payton Me						
3904 Oblu Cou	rt		c. Level Registered (Spi	ecify)		
Fayetteville, NC	C 28306		Federal		County:	
		ł	State	$\boxtimes$	Municipality:	e. Election Sum to Date
		Γ				\$
	· · · · · · · · · · · · · · · · · · ·					Φ
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	)	j. Amount	k. Required Remarks
1093	check	А	02/05/2021		\$500.00	Social Media
	· · · · · · · · · · · · · · · · · · ·			_		charge
1094	check	А	03/26/2021		\$500.00	Social media
5. Total only thi	s Paga					charges
	CRO-1310 Pages					\$ 1047.00
	line 13a of Detailed Sum	mary Page CRO-1100	if Anarating Frances)			
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(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100 i	if Coordinated Party Exp	endituri	es)	
7. Purpose Code	es (List detailed exp				- 1	
A* - Media	B* - Printing	C* - Fundr	aising	ng 69753333486987537697	D - To Another	· Candidate
E - Salaries I - Postage		G - Politica		X Max Heads of	H* - Holding l	Public Office Expenses
O* - Other	J - Penalties	K* - Office	£xpenses		Q* - Donation	to Legal Expense Fund
	e detailed explanati	on in required ren	narks field (k)			

Disburser	nents				Amondment
•		n from the committee	Pg	3 of	5 🗹 Yes 🗌 No
committees an	d coordinated party e	s nom me commue	e for; operating expenses	s, contributions to	candidate/political
	Full Name (and Fu				
Committee to	Elect Mitch Colvin	nu n appneante)			2. ID Number
3. Type of Dis			0. 1210 0 0 0 1		
	Expenses	Contributions to Cont	<u>RO-1310 forms for each</u> lidates/Political Committees		
4. Payee Infor					pordinated Party Expenditures
	iling Address & Phone		Add	Remove	
(include city, state			b. Coordinated Committee I	Name	d. Comments
First Horizon		al in the point of the second			
P.O. Box 84	Dania.	+	a Tanal Data and the set		
Memphis, TN	38101	-	c. Level Registered (Specify)		
	50101			County:	
		F	State 🛛	Municipality:	c. Election Sum to Date
					\$
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			n Date (minudaryyyy)	j. Amount	k. Required Remarks
	debit	0	02/26/2021	\$15.00	Bank Service Fees
					rees
				\$	
4. Payee Inform	mation		Add 🔽	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N	and the second	d. Comments
(include city, state		~	·		
Paragon Payme					
2141 East Broa	dway Rd.Ste. 202		c. Level Registered (Specify)		
Tempe, Az 852	-		Federal	County:	-
800-884.5208			State	Municipality:	c. Election Sum to Date
				with the party.	c. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		0			service charges
		C	02/05/2021	\$320.00	for paypal
		· · · · · · · · · · · · · · · · · · ·	···· · · · · · · · · · · · · · · · · ·		
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone	1	. Coordinated Committee Na		d. Comments
(include city, state,	& zip)		····		
Kali Payton Me	dia				
3904 Oblu Cou	rt	c	. Level Registered (Specify)		
Fayetteville, NO	C 28306	]	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
1096	check	Δ	0.4/00/0001		Social Media
1090	CHECK	Α	04/20/2021	\$500.00	charge
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•				\$	
5. Total only thi					\$ 835.00
	CRO-1310 Pages				
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			Coordinated Party Expenditu	res)	
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A* - Media E - Salaries	B* - Printing	C* - Fundra		D - To Anothe	
I - Salaries I - Postage	F* - Equipment J - Penalties	G - Political I		H* - Holding	Public Office Expenses
O* - Other	and a standition	K* - Office I	pyhenses	Q* - Donation	to Legal Expense Fund
	e detailed explanation	on in required rem	arks field (k)		

## Disbursements

No No

Disbursements	Pg	4	of	5	Amendment Ves
Use this form to report expenditures from the committee for; operating e		contrib	utions to	can	didate/political
committees and coordinated party expenditures.	- ,				<b>r</b>

	Full Name (and Fur Elect Mitch Colvin	id if applicable)			2. ID Number
3. Type of Dish			<b>PO 1010 0</b>		
Operating I		<u>ise use separate C</u>	<u>RO-1310 forms for each</u>		
	termine termine	Contributions to Can	didates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,					
First Horizon B	Bank				
P.O. Box 84			c. Level Registered (Specify)		
Memphis, TN 3	38101		Federal	County:	
			State 🕅	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nim/dd/yyyy)	J. Amount	k. Required Remarks
	debit	0	06/01/2021	\$10.00	Bank Service
	ucon	0	06/01/2021	\$10.00	Fees
				0	
				\$	
4. Payee Inform			Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
Sterlings Strateg	gies				
3407 Tulane Dr	ive Apt. 12	ſ	c. Level Registered (Specify)		
Adelphi MD 20	783		Federal	County:	
-			State	Municipality:	e. Election Sum to Date
				municipanty.	
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	debit	С	04/20/2021	¢1000.00	sort out names
	deon	C	04/20/2021	\$1000.00	from list of
				\$	voters
				\$	
4. Payee Inform			Add 🗌	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments
(include city, state,	& zip)				
Call Time					
811 W. 7 <sup>th</sup> St.		· · · · · · · · · · · · · · · · · · ·	c. Level Registered (Specify)		
Los Angeles CA	90017		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
		С	06/29/2021	\$435.00	Voters List
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				\$	
5. Total only thi	s Pana		1		<u>     1445.00</u>
	CRO-1310 Pages				\$ 1445.00
	ine 13a of Detailed Sum	uary Page (PDA 1100 :	f Onevating Fur-wash		
			f Operating Expenses) f Contrib to Candidates/Politica	(Course)	\$ 4168.92
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	s (List detailed exp			<u>cəj</u>	
A* - Media	B* - Printing	C* - Fundra		D - To Another	Candidate
E - Salaries	F* - Equipment	G - Political			Public Office Expenses
I - Postage	J - Penalties	K* - Office			to Legal Expense Fund
0* - Other * Codes require	detailed explanatio				•••••

Disbursen					Pg	<u>5</u> of	Amendment 5 L Yes No
Use this form t	o report expenditure	s from the commit	tee for	r; operating ex	penses	$\frac{3}{2}$ , contributions to	<u>5</u> Yes No candidate/political
commutees and	d coordinated party e Full Name (and Fu	xpenditures.	U-south to serve		000000000000000000000000000000000000000		
Committee to	Elect Mitch Colvin	id if applicable)					2. ID Number
3. Type of Dis	An and the second s	ase use separate (	CROJ	310 Commo Co		200 Contractor	
Operating		Contributions to Ca	indidate	s/Political Comm	ittees		nent.) pordinated Party Expenditures
4. Payee Infor	mation		Ado			Remove	Soumated Party Expenditures
a. Full Name, Mai	lling Address & Phone		b. C	oordinated Com	mittee N		d. Comments
(include city, state							
Kalie Payton N 3904 Oblu Cou							
Fayetteville, N			c. Le	yel Registered (	Specify)		
Tuyonovino, T	C 20300			Federal State		County:	
						Municipality:	e. Election Sum to Date
							\$
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						\$750.00	Fees
						s	
4. Payee Inform	nation		Add				
	ing Address & Phone			ordinated Com	<u>l</u>	Remove	
(include city, state,	그 같은 것, 것은 동안 동안 동안 같은 것은 것을 것 같은 것을 수 있는 것을 수 있다.		01,00	or angated Com	intree in	anie	d. Comments
	· · · · · · · · · · · · · · · · · · ·						
			c. Let	vel Registered (S	pecify)		
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	gerorinorrayment		-32 <b>I</b> . I	Date (mm/dd/yy)	<b>(y)</b> etc.e	j. Amount	k. Required Remarks
			ľ			\$	
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4. Payee Inform			Add			Remove	
1. A Market Market State 1	ng Address & Phone		b. Coo	ordinated Comm	ittee Na	me	d. Comments
(include city, state,	& zip)	stadystetetet					
			0 T ou	al Dard-tanat (S	in a l		
		-		el Registered (S <sub>I</sub> Federal		County:	]
			Н	State		Municipality:	c. Election Sum to Date
		-				interior party.	
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. D	Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
						\$	
	E E				[	\$	
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7. Furpose Code A* - Media	s (List detailed exp B* - Printing	enditure code in () C* - Fundr				<u> </u>	
E - Salaries	F* - Equipment	G - Politica			ered georg	D - To Another H* - Holding	Candidate Public Office Expenses
I - Postage	J - Penalties	K* - Office				Q* - Donation	to Legal Expense Fund
O* - Other * Codes require	datailad avalanatia			e	enan terka		
Cours require	detailed explanation	m in required rer	narks	neld (k)	en estat de la compacta		

Amendment

		1			mm		
3. Lender Informatio	m 🗌	Add			Remove		
a. Full Name, Mailing Ad	승규는 것 같은 것 같	b. Job Title/Profe			d. Comments		
(include city, state, & zi		Funeral Home	e Directo				
Henry Mitch Colvin, 3405 Gables Drive	Jr				e. Start Date (mm/dd/yyyy)		
Fayetteville, NC 283	11	c. Employer's Na	me/Snecific Field	inter de tra			
1 ujeko (mie, 140 205)		Colvin's Fune			02/02/2021		
					f. End Date (mm/dd/yyyy)		
					06/30/2021		
g. Rate	h. Security Pledged	i. Account Code	j. Form of Paymer	it for a large	k. Amount		
%			check		\$ 5315.00		
l. Full Name of Lending I	nstitution	L Seconda este balante dese altre		m. Loan	ı Number		
<del></del>							
4. Endorsers/Makers	(The people who guarantee	the loan.)	Nara Anglana a	(d) (d) (d) (d)			
a. Full Name, Mailing Ad	그는 사람이 잘 잘 하는 것 같은 것을 물을 수 있는 것을 수 있는 것을 하는 것을 수 있다.	b. Job Title/Pr	ofession	c, Empl	oyer's Name/Specific Field		
(include city, state, & zi				Culti	1. 17		
Henry Mitch Colvin,	Jr	Funeral Ho Director	me		n's Funeral Hom		
		Director					
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(include city, state, & zi	p) in the development of the second	Funerl Hom		Calui	Colvin's Funeral Hom		
Henry Mitch Colvin		Director	10		rs runeral fiom		
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5. Total of ALL (	CRO-1410 Pages			s	5315.00		
(This line must be on lin	e 9 of Detailed Summary Page CRO-11	00)		× *	0010100		



Yes

2. ID Number

No

Loan Proceeds	Pg
Use this form to report proceeds from a loan and loan endorser's	information

1. Committee Full Name (and Fund if applicable)

Committee to Elect Mitch Colvin Mayor

A loan proceeds statement must accompany each loan that is from an individual

<u>1</u>

Amendment

## **Loan Proceeds**

.

1

of

<u>2</u>

Рg



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

Committee to Elect Mitch Colvin Mayor         3. Lender Information       Add         a. Full Name, Mailing Address & Phone (include city, state, & #ip)       b. Job Tüte/Profession       d. Comments         Funcy Mitch Colvin, Jr       e. Start Date (mm/ddf/yyyy)       e. Start Date (mm/ddf/yyyy)         3405 Gables Drive       e. Start Date (mm/ddf/yyyy)       e. Start Date (mm/ddf/yyyy)         Fayetteville, NC 28311       e. Employer's Name/Specific Field       02/02/2021         g. Rate       h. Security Pledged       1. Account Code       j. Form of Payment       k. Amount         %		ame (and Fund if applicable)			o da da	2, I	D Numb	ier
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Use CRO-1215 if In-Kind Contributions were or will be ref	unded within	7 day	vs.					
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Committee to Elect Mitch Colvin Mayor								
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