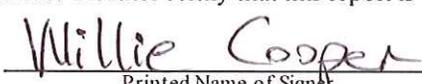
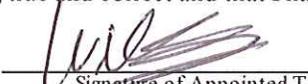
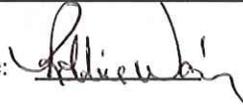


Disclosure Report Cover

Amendment

Yes No

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			
a. Full Name		c. ID Number	
COMMITTEE TO ELECT MITCH COLVIN			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
2010 MURCHISON RD FAYETTEVILLE, NC 28301		10/29/2015	
		e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	09/23/2015	10/19/2015	WILLIE COOPER JR
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
CAPITAL BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FINANCE	06		
	d. Period Begin Balance		d. Period Begin Balance
	\$		\$
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			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		10/29/2015 Date	
FOR OFFICE USE ONLY			
Date Received:	10-30-15	Employee:	
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment
 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	
COMMITTEE TO ELECT MITCH COLVIN	2015 Pre-Election		
Start of Election Cycle: January 1, <u>2014</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3,991.06	\$ (117.19)
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 60.00	\$ 60.00
6) Contributions from Individuals	(CRO-1210)	\$ 6,500.00	\$ 18981.19
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 3029.58
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 6,560.00	\$ 20,289.58
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 5,227.91	\$ 13941.55
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 600.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 64.67	\$ 173.97
15) Loan Repayments	(CRO-1420)	\$ 3,000.00	\$ 3,000.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 1,979.58
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 8,292.58	\$ 18,039.10
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,258.48	\$ 2,258.48
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 29.58	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Page 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT MITCH COLVIN					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	06	Check		10/19/2015	\$ 35.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	06	Check		10/13/2015	\$ 25.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$	\$60.00
5. Total of ALL CRO-1205 Pages				\$	\$60.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT MITCH COLVIN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM ALLISON JR PO BOX 3172 FAY, NC 28302				BAIL BONDSMAN			
				c. Employer's Name/Specific Field Justice, Public Order, and Safety Activities			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	06	Check		10/13/2015		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
R.JONATHAN CHARLESTON 132 GREAT OAKS FAY, NC 28303				ATTORNEY			
				c. Employer's Name/Specific Field CHARLESTON GROUP			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	06	Check		10/19/2015		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DAVID HASAN PO BOX 2048 RAEFORD, NC 28370				OWNER			
				c. Employer's Name/Specific Field RETAIL STORE			
						e. Election Sum to Date	
						\$ 2,400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	06	Check		09/24/2015		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2,100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 6,500.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT MITCH COLVIN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LOIS OWENS 1888 CASCADE ST. FAYETTEVILLE, NC 28301				RETIRED			
				c. Employer's Name/Specific Field			
				BEST EFFORT		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	06	Check		10/19/2015		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM RICHARDSON 3694 GLENBARRY PL FAY, NC 28314							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	06	Check		10/01/2015		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARSHALL SCURRY 5828 WEATHERFORD RD FAY, NC 28303							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	06	Check		10/19/2015		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 6,500.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT MITCH COLVIN						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CARRIE SUTTON 5422 SUMMERDUCK RD FAYETTEVILLE, NC 28314			RETIRED			
			c. Employer's Name/Specific Field			
			FINANCIAL SVC.			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	06	Check		10/19/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DANIEL UBA 109 GREEN STREET FAYETTEVILLE, NC 28301			DOCTOR			
			c. Employer's Name/Specific Field			
			RAPHA PRIMARY CARE CTR			
					e. Election Sum to Date	
					\$ 1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	06	Check		10/03/2015	\$ 1,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DON WELLON 2004 W CUMBERLAND DR. DUNN, NC 28333						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	06	Check		09/24/2015	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,500.00	

Contributions from Individuals

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT MITCH COLVIN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROBERT WELLONS PO BOX 730 DUNN, NC 28335				REALTOR			
				c. Employer's Name/Specific Field WELLONS REALTY			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	06	Check		09/24/2015	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOHN H WELLONS JR 2004 W. CUMGERLAND STREET DUNN, NC 28335				MANAGEMENT			
				c. Employer's Name/Specific Field WELLONS			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	06	Check		09/24/2015	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CAROLYN WINFREY 420 RALPH ST. FAYETTEVILLE, NC 28301				RETIRED			
				c. Employer's Name/Specific Field EDUCATOR			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	06	Check		09/28/2015	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 6,500.00	

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT MITCH COLVIN							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MISC NC							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 214.41	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
06	Debit Card	O	10/15/2015	\$ 169.75	MISC		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VICTORY STORE 5200 SW 30THST DAVENPORT, IA 52802							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 2,814.70	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
06	Debit Card	B	09/28/2015	\$ 438.66	SIGNS		
06	Debit Card	B	10/13/2015	\$ 540.00	PRINTING		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WE PRINT T SHIRTS 2598 RAEFORD RD FAY, NC 28305							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 1,200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
06	Debit Card	B	10/01/2015	\$ 600.00	TSHIRTS		
06	Check	B	10/13/2015	\$ 600.00	TSHIRTS		
5. Total only this Page						\$ 2,348.41	
6. Total of ALL CRO-1310 Pages						\$ 5,227.91	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List 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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT MITCH COLVIN						
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
<input type="checkbox"/> Add	06	Debit Card	O	09/28/2015	\$ 20.01	TRANSPORTATION
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	06	Debit Card	O	10/07/2015	\$ 44.66	MISC
<input type="checkbox"/> Remove						
4. Total only this Page					\$	64.67
5. Total of ALL CRO-1315 Pages					\$	64.67
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
	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	Q* - Donations to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT MITCH COLVIN					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
MITCH COLVIN 3405 GABLES DR. FAYETTEVILLE, NC 28311				c. Original Loan Date	
				07/03/2015	
				d. Original Loan Amount	
\$ 1,955.58					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0.00	06	Check	10/09/2015	\$ 1,955.58	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
MITCH COLVIN 3405 GABLES DR. FAYETTEVILLE, NC 28311				c. Original Loan Date	
				11/17/2014	
				d. Original Loan Amount	
\$ 50.00					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 5.58	06	Check	10/09/2015	\$ 44.42	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
MITCH COLVIN 3405 GABLES DR. FAYETTEVILLE, NC 28311				c. Original Loan Date	
				10/01/2014	
				d. Original Loan Amount	
\$ 500.00					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0.00	06	Check	10/09/2015	\$ 500.00	
\$				\$	
4. Total only this Page				\$ 2,500.00	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 3,000.00	

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT MITCH COLVIN					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
MITCH COLVIN 3405 GABLES DR. FAYETTEVILLE, NC 28311					
				c. Original Loan Date	
				08/25/2015	
				d. Original Loan Amount	
				\$ 500.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0.00	06	Check	10/09/2015	\$ 500.00	
\$				\$	
4. Total only this Page				\$ 500.00	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 3,000.00	

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT MITCH COLVIN			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
MITCH COLVIN 3405 GABLES DR. FAYETTEVILLE, NC 28311		DIRECTOR	
		e. Start Date (mm/dd/yyyy)	
		11/17/2014	
		c. Employer's Name/Specific Field	f. End Date (mm/dd/yyyy)
		COLVIN FUNERAL HOME INC.	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 50.00	\$ 5.58
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
MITCH COLVIN 3405 GABLES DR. FAYETTEVILLE, NC 28311		DIRECTOR	
		e. Start Date (mm/dd/yyyy)	
		07/08/2015	
		c. Employer's Name/Specific Field	f. End Date (mm/dd/yyyy)
		COLVIN FUNERAL HOME INC.	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 24.00	\$ 24.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 29.58
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 29.58