

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.

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

1. Committee Information	
a. Full Name <u>Committee To Elect Mitch Cohen</u>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>2010 Munchester Rd. Sayreville NC 28381</u>	d. Date Filed <u>2/16/2021</u>
	e. Phone Number

2. Report Year <u>2018</u>	3. Period Start Date (mm/dd/yy) <u>10-22-2019</u>	4. Period End Date (mm/dd/yy) <u>12-31-2019</u>	5. Treasurer Full Name <u>Wm O. Stephens</u>
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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"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<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"/> Other:			
8. Number of Fundraisers this Report			

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>First Horizon Bank</u>		a. Financial Institution Full Name	
b. Purpose <u>Campaign</u>	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance <u>\$3969.50</u>		d. Period Begin Balance <u>\$</u>

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.

Wm O. Stephens Wm O. Stephens 2/16/2021
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: KJ
Date Postmarked: BY: _____ Employee: _____
Date Scanned: _____ Employee: _____
Date Data Entered: _____ Employee: _____

Delivery Method
☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ 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, 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 Cummings		Year End - Semi-Annual			
Start of Election Cycle: January 1, 2018		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 3969.50		\$ 8553.86	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 1000.00		\$ 4862.56	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 1079.92		\$ 1079.92	
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)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 960.00		\$ 9406.92	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
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)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5089.42		\$ 5089.42	
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)		\$		\$	

Contributions from Individuals

Pg ____ of ____

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 Colan						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> Henry Mitch Colan 3405 Gables Drive Fayetteville, NC 28311				b. Job Title/Profession General Director c. Employer's Name/Specific Field Colan's General Home		d. Comments
				e. Election Sum to Date \$ 1000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	check		10-28-2009	\$ 1000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 				b. Job Title/Profession 		d. Comments
				c. Employer's Name/Specific Field 		
				e. Election Sum to Date \$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 				b. Job Title/Profession 		d. Comments
				c. Employer's Name/Specific Field 		
				e. Election Sum to Date \$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1000.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$	

Disbursements

Pg ____ of ____

Amendment

☒ Yes ☐ No

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 Calum							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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	
WKML Fm 95.17 Jaxville NC 28311							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
						\$ 720.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	debit card	0	10/31/2019	\$720	advertising		
				\$			
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	
Just Horizon Bank P.O. Box 84 1888-382.4968 Memphis TN 38101							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
						\$200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	debit card		11/5/2019	\$200.00	Poll worker Lunch		
	debit card		11/24/2019	\$20.00	bank service		
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	
Just Horizon Bank P.O. Box 84 Memphis TN 38101							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	debit	0	12/31/2019	\$20.00	bank service		
				\$			
5. Total only this Page						\$ 960.00	
6. Total of ALL 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)							
(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)							
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)							

Loan Proceeds

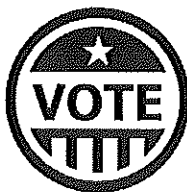
Pg ____ of ____

Amendment
☒ Yes ☐ 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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee To Elect Mitchd um					
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	
Henry mitch cdum 3405 Gables Drive Jayetteville, NC 28311 910-987-2684		General Dutin			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		Cdum General Home			
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%			Check	\$ 1079.92	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$ 1079.92	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$ 1079.92	



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: Committee To Elect Mitch Colvin
- Person or committee to make loan: _____
- Date of loan to committee: 10/19/2019
- Name of lending institution (source): _____
- Amount of loan: 1079.92
- 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, Wm O. Stokes, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

Henry Mitch Colvin (WS)
Signature of Lender

11/19/2019
Date Signed

Wm O. Stokes
Signature of Treasurer of Committee

11/19/2019
Date Signed