

**Committee To Elect Mike Colvin**

Post Office Box 9001  
Fayetteville, NC 28301

**TREASURER'S REPORT**

February 26, 2024

Administrative Assistant  
North Carolina Board of Elections  
430 N. Salisbury Street  
Raleigh, NC 27603  
FAX 919-715-0135

**48-Hour Notice**

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1<sup>st</sup> Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3<sup>rd</sup> Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

COMMITTEE TO ELECT MIKE COLVIN

STA-OD71Q-C-001

P. O. BOX 9001  
FAYETTEVILLE, NC 28311

02/26/2024

910-987-1482

DBA MARVIN LUCAS HOUSE CAMPAIG  
3318 HEDGEMOOR CIRCLE  
SPRING LAKE, NC 28390

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Individual<br><i>(if checked, must specify b2 and b3)</i> | <input type="checkbox"/> Individual<br><i>(if checked, must specify b2 and b3)</i>         |
| <input type="checkbox"/> Political Party  | <input type="checkbox"/> Political Party   |
| <input type="checkbox"/> Other Political Committee<br><i>(if checked, must specify b3)</i>    | <input type="checkbox"/> Other Political Committee<br><i>(if checked, must specify b3)</i> |
| <input type="checkbox"/> Not-for-Profit<br><i>(if checked, must specify b4)</i>               | <input type="checkbox"/> Not-for-Profit<br><i>(if checked, must specify b4)</i>            |
| <input type="checkbox"/> Other Source   | <input type="checkbox"/> Other Source  |

- |   |  |                                  |  |
|---|--|----------------------------------|--|
| <input checked="" type="checkbox"/> Federal | <input type="checkbox"/> County: _____       | <input type="checkbox"/> Federal | <input type="checkbox"/> County: _____       |
| <input type="checkbox"/> State              | <input type="checkbox"/> Municipality: _____ | <input type="checkbox"/> State   | <input type="checkbox"/> Municipality: _____ |

NC HOUSE REP D-42

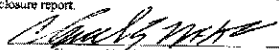
STATE OF NC

CHECK 1999

02/20/2024	\$ 1,000.00	\$
01	\$ 1,000.00	\$
	\$ 1,000.00	\$
	\$ 1,000.00	\$

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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

CHARLES MCKELLAR



02/26/2024

Printed Name of Signer

Signature of Appointed Treasurer

Date

#375 P.002/002

02/26/2024 10:16

9106301146

From: UPS Store 2842