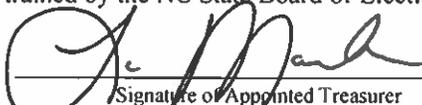


Disclosure Report Cover

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													
Lavar Marlow for Board of Education		ADFRCX													
b. Mailing Address (include City, State and Zip Code)		d. Date Filed													
264 Carolina Farms Blvd Carolina Shores, NC 28467															
		e. Phone Number													
		910-616-8184													
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name												
2023	12/04/23	12-14-2023	Lavar Marlow												
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"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #e0e0e0;">Municipal</th> <th style="background-color: #e0e0e0;">State/County</th> <th style="background-color: #e0e0e0;">Referendum</th> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input 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 </td> <td> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <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 </td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input 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	<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<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						
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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															
0															
11. Account Information		11. Account Information													
a. Financial Institution Full Name		a. Financial Institution Full Name													
b. Purpose		b. Purpose													
Campaign transactions															
c. Account Code		c. Account Code													
2024															
d. Period Begin Balance		d. Period Begin Balance													
\$0.00															
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.															
LAVAR MARLOW Printed Name of Signer		 Signature of Appointed Treasurer													
		12-9-2023 Date													
FOR OFFICE USE ONLY															
Date Received:	RECEIVED	Employee:	cd												
Date Postmarked:	DEC 15 2023	Employee:													
Date Scanned:	BRUNSWICK COUNTY BOARD OF ELECTIONS	Employee:													
Date Data Entered:		Employee:													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #e0e0e0;">Delivery Method</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Registered Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hand Delivered</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Electronically Filed</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Signer has not received mandatory training</td> <td></td> </tr> </table>				Delivery Method		<input checked="" type="checkbox"/> Normal Mail		<input type="checkbox"/> Registered Mail		<input type="checkbox"/> Hand Delivered		<input type="checkbox"/> Electronically Filed		<input type="checkbox"/> Signer has not received mandatory training	
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<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	
Lavar Marlow for Board of Education	2023 Organizational	ADFRCX	
Start of Election Cycle: January 1, 2021	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$0.00	\$0.00	
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 (CRO-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)			
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)			
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)			
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)			