

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

Yes No

1. Committee Information	
a. Full Name JUDY D MARTIN REGISTER OF DEEDS CAMPAIGN	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1844 HIGHWAY 24-27 CAMERON, NC 28326	d. Date Filed 7/2/2014
	e. Phone Number 910 245-7292

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	4/20/2014	06/30/2014	LINDA W CHEEK

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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	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 type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" 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
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 BRANCH BANKING & TRUST COMPANY		a. Financial Institution Full Name	
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS & EXPENDITURES	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 1,234.90		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 of Elections.

Linda W. Cheek
Printed Name of Signer

Linda W. Cheek
Signature of Appointed Treasurer

7/2/2014
Date

FOR OFFICE USE ONLY

Date Received: 7-2-14
 Date Postmarked: _____
 Date Scanned: _____
 Date Data Entered: _____

Employee: [Signature]
 Employee: _____
 Employee: _____
 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.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
JUDY D MARTIN REGISTER OF DEEDS CAMPAIGN		2014 SECOND QUARTER			
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,234.90		\$ 1,234.90	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ -0-		\$ -0-	
6) Contributions from Individuals (CRO-1210)		\$ -0-		\$ -0-	
7) Contributions from Political Party Committees (CRO-1220)		\$ -0-		\$ -0-	
8) Contributions from Other Political Committees (CRO-1230)		\$ -0-		\$ -0-	
9) Loan Proceeds (CRO-1410)		\$ -0-		\$ -0-	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ -0-		\$ -0-	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ -0-		\$ -0-	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ -0-		\$ -0-	
11c) Outside Sources of Income (CRO-1250)		\$ -0-		\$ -0-	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ -0-		\$ -0-	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ -0-		\$ -0-	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ -0-		\$ -0-	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 9.00		\$ 9.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ -0-		\$ -0-	
13c) Coordinated Party Expenditures (CRO-1310)		\$ -0-		\$ -0-	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ -0-		\$ -0-	
15) Loan Repayments (CRO-1420)		\$ -0-		\$ -0-	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ -0-		\$ -0-	
17) In-Kind Contributions (CRO-1510)		\$ -0-		\$ -0-	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 9.00		\$ 9.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1225.90		\$ 1225.90	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ -0-			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ -0-			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ -0-			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ -0-			
24) Account Transfers Within the Committee (CRO-1720)		\$ -0-			
25) Administrative Support (CRO-1710)		\$ -0-		\$ -0-	
26) Forgiven Loans (CRO-1440)		\$ -0-		\$ -0-	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$ -0-		\$ -0-	
28) Contributions to be Refunded (CRO-1215)		\$ -0-		\$ -0-	

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) JUDY D MARTIN REGISTER OF DEEDS CAMPAIGN					2. ID Number
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 <i>(include city, state, & zip)</i> BRANCH BANKING & TRUST COMPANY PO BOX 189 CARTHAGE, NC 28327			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 3.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT	O	04/21/2014	\$3.00	SERVICE CHARGE
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> BRANCH BANKING & TRUST COMPANY PO BOX 189 CARTHAGE, NC 28327			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 3.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT	O	05/21/2014	\$3.00	SERVICE CHARGE
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> BRANCH BANKING & TRUST COMPANY PO BOX 189 CARTHAGE, NC 28327			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 3.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT	O	06/23/2014	\$3.00	SERVICE CHARGE
				\$	
5. Total only this Page					\$ 9.00
6. Total of ALL CRO-1310 Pages <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>					\$ 9.00
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					