

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

1. Committee Information	
a. Full Name JUDY D MARTIN REGISTER OF DEEDS CAMPAIGN	c. ID Number
RECEIVED	
b. Mailing Address (include City, State and Zip Code) 1844 HIGHWAY 24-27 CAMERON, NORTH CAROLINA 28326	d. Date Filed 12/31/2014
MOORE BOE	
e. Phone Number 910 245-7292	

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 10/19/2014	4. Period End Date (mm/dd/yy) 12/31/2014	5. Treasurer Full Name 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"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<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"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
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 \$ 1,215.90		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 Linda W. Cheek 12/31/2014
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>1-7-15</u>	Employee: <u>[Signature]</u>	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<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

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	
JUDY D MARTIN REGISTER OF DEEDS CAMPAIGN		2014 FOURTH QUARTER			
Start of Election Cycle:		January 1,		2014	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,215.90		\$ 1,215.90	
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)		\$ 12.00		\$ -0-	
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)		\$ -0-		\$ -0-	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,203.90		\$ 1,203.90	
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-	

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

1. Committee Information	
a. Full Name JUDY D MARTIN REGISTER OF DEEDS CAMPAIGN	c. ID Number
RECEIVED	
b. Mailing Address (include City, State and Zip Code) 1844 HIGHWAY 24-27 CAMERON, NORTH CAROLINA 28326	d. Date Filed 12/31/2014
MOORE BOE	
e. Phone Number 910 245-7292	

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 10/19/2014	4. Period End Date (mm/dd/yy) 12/31/2014	5. Treasurer Full Name 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 type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" 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 \$ 1,215.90		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

12/31/2014
 Date

FOR OFFICE USE ONLY

Date Received: <u>1-7-15</u>	Employee: <u>[Signature]</u>
Date Postmarked: _____	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.