

# Disclosure Report Cover

MOORE COUNTY PUBLIC SOP

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 Re-Elect Judy D Martin Register of Deeds	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1844 Highway 24-27 Cameron, North Carolina 28326	d. Date Filed 11/30/2018
	e. Phone Number 910 245-7292

RECEIVED

NOV 30 2018

MOORE BOE

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2018	10/21/2018	11/30/2018	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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> 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 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	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
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 \$ 568.15		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      11/30/2018 Date

**FOR OFFICE USE ONLY**

Date Received: 11-30-18 Employee: GMC

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.

**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	
Re-Elect Judy D. Martin Register of Deeds	Final		
<b>Start of Election Cycle:</b> <b>January 1,</b> <b>2018</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>	
4) Cash on Hand at Start	\$ 568.15	\$ 568.15	
<b>RECEIPTS</b>			
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-	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ -0-	\$ -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)	\$ 568.15	\$ 568.15	
17) In-Kind Contributions (CRO-1510)	\$ -0-	\$ -0-	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 568.15	\$ 568.15	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ -0-	\$ -0-	
<b>ADDITIONAL INFORMATION</b>			
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-2220)	\$ -0-	\$ -0-	
28) Contributions to be Refunded (CRO-1215)	\$ -0-	\$ -0-	

# Refunds/Reimbursements From the Committee

Pg \_\_\_ of \_\_\_

Amendment

Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
Re-Elect Judy D. Martin Register of Deeds				
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Judy D Martin 1844 Highway 24-27 Cameron North Carolina 28326		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
		O - Refund filing fee		\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
Register of Deeds	Moore County Government			1
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
Check		11/27/2018	\$ 568.15	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
				\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
			\$	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
				\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
			\$	
<b>4. Total only this Page</b>				
				\$ 568.15
<b>5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)</b>				
				\$ 568.15
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kind      O* Other				
* Codes require detailed explanation in required remarks field (m)				