



North Carolina  
State Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

**FILED BY:**

Committee Name: Committee to Elect Lydia Martin for Morrisville  
 Treasurer Name: Lydia Anne Martin  
 Treasurer Address: 305 Misty Grove Cir  
 (include city, state, & zip) Morrisville, NC 27560  
 Treasurer Phone: 919 931 1885

I certify that the above mentioned committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

12/20/2007  
Date Signed

Lydia Martin  
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

# Statement of Organization - Party Committee

Use this form to create a new or update an existing party committee.  
This form must be accompanied by form CRO-3500.

**Received**

Amendment  Yes  No

JUL 31 2009

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Lydia Martin			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
		e. Phone Number	
2. Party Information			
a. Type		b. Party Name	
<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
5. Assistant Treasurer Information		6. Account Information <small>(and CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
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.			
Lydia Martin Printed Name of Signer		Lydia Martin Signature of Appointed Treasurer	
		07/31/2009 Date	

**COPY**

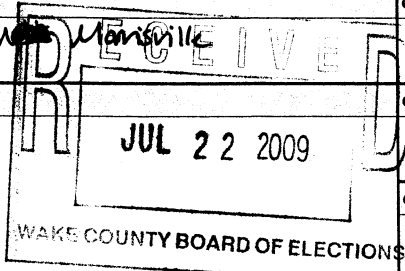
# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information		
a. Full Name	c. ID Number	
Committee to Elect Lydia Martin for Mayor, Morisville		
b. Mailing Address (include City, State and Zip Code)	d. Date Organized	
305 Misty Grove Cir Morisville, NC 27560	07/20/2009	
	e. Phone Number	
	919-931-4885	



2. Candidate Information		
<input type="checkbox"/> Candidate's Primary Committee		
a. Full Name	c. Candidate ID Number	d. Party Affiliation
Lydia Anne Martin		Democrat
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
305 Misty Grove Cir Morisville, NC 27560	Town Council At-Large	
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>		

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
Lydia Anne Martin	305 Misty Grove Cir Morisville, NC 27560	Lydia Anne Martin	305 Misty Grove Cir Morisville, NC 27560
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-931-4885	LYDIA@STOPSIGNGRAPHICS.COM	919-931-4885	LYDIA@STOPSIGNGRAPHICS.COM

5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Coastal Federal Credit Union	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Checking Account	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		CK01	Checking

**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.

Lydia Martin Printed Name of Signer     
 Lydia Martin Signature of Appointed Treasurer     
 07/20/2009 Date



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**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

**FILED BY:**

Candidate Name:

Lydia Anne Martin

Treasurer Name:

Lydia Anne Martin

Treasurer Address:

305 Misty Grove Cir

(include city, state, & zip)

Morrisville, NC 27560

Treasurer Phone:

919-931-4885

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

07/20/09

Date Signed

Lydia Martin

Signature of Candidate

**Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.**



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**Candidate Designation of Committee Funds**

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Lydia Anne Martin

Committee Name: Committee to Elect Lydia Martin for Morrisville

Treasurer Name: Lydia Anne Martin

If Candidate is own treasurer, designate an agent to carry out designations: Christopher Martin

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: NC, Wake County

I, Lydia Anne Martin, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>NC Democratic Party</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Lydia Martin

Date: 07/20/2009

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.



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**Certification of Threshold**

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

**FILED BY:**

Committee Name: Committee to Elect Lydia Martin for Morrisville  
 Treasurer Name: Lydia Anne Martin  
 Treasurer Address: 305 Lushy Grove Cir  
 (include city, state, & zip) Morrisville, NC 27560  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 919-931-4885

Check One:

I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

**THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

07/29/2009  
Date Signed

Lydia Martin  
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

# Statement of Organization - Party Committee

Use this form to create a new or update an existing party committee.  
This form must be accompanied by form CRO-3500.

Received

Amendment		
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No

JUL 31 2009

1. Committee Information	
a. Full Name <i>Committee to Elect Lydia Martin</i>	c. ID Number <i>Wolfe County Board of Elections</i>
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
	e. Phone Number

2. Party Information	
a. Type <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate	b. Party Name

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address

5. Assistant Treasurer Information		6. Account Information (and CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type

### 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.

Lydia Martin Printed Name of Signer      Lydia Martin Signature of Appointed Treasurer      07/31/2009 Date

CC **COPY**

**NOTICE OF CANDIDACY**  
**Non-Partisan County/Municipal Election - 2009**

Date: July 10, 2009

Candidate ID: \_\_\_\_\_

I hereby file notice as a candidate for election to the office of MORRISVILLE TOWN COUNCIL AT-LARGE

in the Wake County Election to be held on November 3, 2009 in Wake County.

I request that my name appear on the ballot as follows: LYDIA MARTIN

Residence Address: 305 MISTY GROVE CIR (city, state, zip) MORRISVILLE, NC 27560

Mailing Address: SAME (city, state, zip) SAME

Home Phone: \_\_\_\_\_ Cell Phone: (919) 931-4885 Business Phone: \_\_\_\_\_

**Check "YES" or "NO"** I swear to the following to be true, correct, and complete to the best of my knowledge or belief.  
Have you ever been convicted of a felony? (Felony conviction need not be disclosed if the conviction was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.)

YES  NO

If you have been convicted of a felony, you are required to complete the "Candidate Felony Disclosure" form within 48 hours of submitting this notice. G.S. 163-106.

Signature of Candidate (legal name) Lydia Martin

**Certification of Notice of Candidacy**

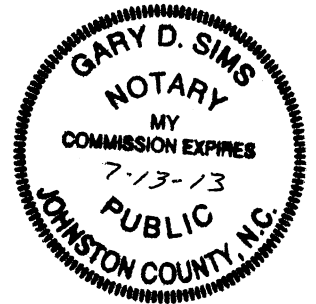
*North Carolina*  
*County of Wake*

I hereby certify that (Print) LYDIA MARTIN, the candidate who signed above,  
(Name as it will appear on ballot)  
personally appeared before me this day and signed in my presence.

Sworn and subscribed before me this 10<sup>th</sup> day, of July, 2009

S. O. S.  
Signature and Title of Certifying Officer

My commission expires: 7 / 13 / 13



(notary seal)

**Verification by County Board of Elections**

The undersigned has examined the voter registration records in Wake County and found

(Print Name of Candidate) LYDIA MARTIN, to be a registered voter in the County of Wake.

County Chairman, Secretary or Director: S. O. S. 7 / 10 / 09  
Signature Date

The Notice of Candidacy must be signed in the presence of the chairman, secretary, or director of the Board of Elections with which he/she files or a candidate may have his/her signature on the Notice of Candidacy acknowledged and certified to by any officer authorized to administer an oath. (See NCGS § 163-294.2.) In signing his/her notice of candidacy the candidate may use a nickname provided the candidate complies with the requirement specified in GS § 163-106 and GS § 163-323(a).

WAKE COUNTY BOARD OF ELECTIONS

VOTER PROFILE

Full Name: MARTIN, LYDIA ANNE VRN: 000031154985

Residence Address: 305 MISTY GROVES CIR MORRISVILLE, NC 27560 Age: 35

Mailing Address on File: Register Date: 12/24/2001 Status: A

Sex: FEMALE Ethnicity: NIL

Race: W Party: DEMOCRATIC

Birth Place: NC Birth Date: 11/02/2004

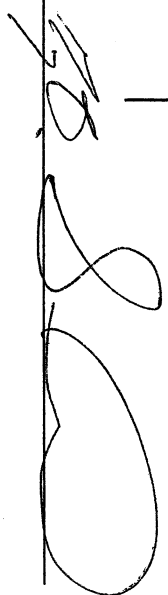
Districts

PRECINCT: 05-01  
MUNICIPALITY: MOR  
WARD: M-3  
SCHOOL: 07  
COUNTY COMMISSIONER: 03  
NC HOUSE: 041  
NC SENATE: 16  
CONGRESSIONAL DIST: 04  
SUPERIOR COURT: 10B  
PROSECUTORIAL: 10  
JUDICIAL DISTRICT: 10  
VOTING TAB DIST: 05-01

Voting History (36 Most Recently Voted Elections)

11/04/2008 11/04/2008 GENERAL  
05/06/2008 05/06/2008 PRIMARY  
11/07/2006 11/07/2006 GENERAL  
11/02/2004 11/02/2004 GENERAL

I CERTIFY THAT THIS INFORMATION IS TRUE AND ACCURATE. Signature:



Date: 07/10/2009