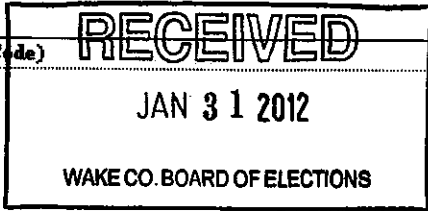


Disclosure Report Cover

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 COMMITTEE TO RE-ELECT PETE M MARTIN	c. ID Number
b. Mailing Address (include City, State and Zip Code) 112 DALLAVIA CT MORRISVILLE, NC 27560-7351	d. Date Filed 01/31/2012
	e. Phone Number



2. Report Year 2011	3. Period Start Date (mm/dd/yy) 07/01/2011	4. Period End Date (mm/dd/yy) 12/31/2011	5. Treasurer Full Name PETE M MARTIN
-------------------------------	--	--	--

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"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<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		10. Special Report Name		

Account Information		Account Information	
a. Financial Institution Full Name WACHOVIA		a. Financial Institution Full Name	
b. Purpose COMM CONTRIBUTIONS & EXPENSES	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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

Printed Name of Signer _____ Signature of Appointed Treasurer _____ Date 01/31/2012

FOR OFFICE USE ONLY

Date Received:	<u>1-31-12</u>	Employee:	<u>JM</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input type="checkbox"/> Hand Delivered
				<input checked="" 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

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	
COMMITTEE TO RE-ELECT PETE M MARTIN	2011 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2009</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 126.02	\$ 126.02
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 100.00	\$ 100.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,968.57	\$ 1,968.57
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,068.57	\$ 2,068.57
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 843.45	\$ 843.45
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures		\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 675.57	\$ 675.57
17) In-Kind Contributions	(CRO-1510)	\$ 675.57	\$ 675.57
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,194.59	\$ 2,194.59
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00	\$ 0.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Page 1 of 1

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

Optional form used to report NC Contributions From Individuals of \$50 or less

COMMITTEE TO RE-ELECT PETE M MARTIN					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	Check		10/24/2011	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		10/24/2011	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1205 Pages					\$ 100.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 2

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)		2. ID Number
COMMITTEE TO RE-ELECT PETE M MARTIN		

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
KARL BLACKLEY 111 CHESTERFIELD DR CARY, NC 27513		BUILDER	
		c. Employer's Name/Specific Field	
			e. Election Sum to Date
			\$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/26/2011	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
LYNDA LYONS 1005 CHURCH ST MORRISVILLE, NC 27560		CUSTOMER SERVICE	
		c. Employer's Name/Specific Field	
		VERIZON	e. Election Sum to Date
			\$ 197.50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		12/05/2011	\$ 197.50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
BRIAN MARTIN 100 OD PALISADES RD FT LEE, NJ 07024		MEDICAL DOCTOR	
		c. Employer's Name/Specific Field	
			e. Election Sum to Date
			\$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/26/2011	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 697.50

5. Total of ALL CRO 1210 Pages \$ 1,968.57
(This line must be on the 2 of Detailed Summary Page CRO 1210)

Contributions from Individuals

Pg 2 of 2

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. Donor Name
COMMITTEE TO RE-ELECT PETE M MARTIN						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAMION MARTIN 142-10 HOOVER AVE JAMAICA, NY 11435			ENGINEER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 95.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Electric Funds Tran		11/02/2011	\$ 95.50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PETE M MARTIN 112 DALLAVIA CT MORRISVILLE, NC 27560-7351						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	COVER EXP FROM ACCT	11/20/2011	\$ 675.57	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JULIAN RAWL PO BOX 8068 GREENVILLE, NC 27835			HOMEMAKER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/26/2011	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,271.07	
5. Total of ALL CRO 1210 Pages <i>(This line must be on the last Detailed Summary Page CRO 1210)</i>					\$ 1,968.57	

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

Committee Full Name (State or Federal) COMMITTEE TO RE-ELECT PETE M MARTIN						ID Number																					
Type of Disbursement <i>(Check one)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i></td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">CARY NEWS 1100 SITUS CT SUITE 100 RALEIGH, NC 27606</td> <td colspan="2">c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="3" style="text-align: right;">\$ 395.00</td> </tr> </table>							a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments			CARY NEWS 1100 SITUS CT SUITE 100 RALEIGH, NC 27606		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date							\$ 395.00		
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments																							
CARY NEWS 1100 SITUS CT SUITE 100 RALEIGH, NC 27606		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date																							
				\$ 395.00																							
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																						
1	Debit Card	A	11/02/2011	\$ 395.00	ADVERTISEMENTS																						
				\$																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i></td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">INTERNATIONAL MINUTE PRESS 8450 CHAPEL HILL RD CARY, NC 27513</td> <td colspan="2">c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="3" style="text-align: right;">\$ 217.45</td> </tr> </table>							a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments			INTERNATIONAL MINUTE PRESS 8450 CHAPEL HILL RD CARY, NC 27513		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date							\$ 217.45		
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments																							
INTERNATIONAL MINUTE PRESS 8450 CHAPEL HILL RD CARY, NC 27513		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date																							
				\$ 217.45																							
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																						
1	Debit Card	B	11/01/2011	\$ 217.45	BROCHURES																						
				\$																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i></td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">PEPPERS MARKET 2107 GRACE PARK DR MORRISVILLE, NC 27560</td> <td colspan="2">c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="3" style="text-align: right;">\$ 231.00</td> </tr> </table>							a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments			PEPPERS MARKET 2107 GRACE PARK DR MORRISVILLE, NC 27560		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date							\$ 231.00		
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments																							
PEPPERS MARKET 2107 GRACE PARK DR MORRISVILLE, NC 27560		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date																							
				\$ 231.00																							
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																						
1	Debit Card	O	11/08/2011	\$ 231.00	DINNER																						
				\$																							
5. Total only this Page						\$ 843.45																					
6. Total of ALL CRO-1310 Pages						\$ 843.45																					
<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>																											
Purpose Codes <i>(Use detailed expenditure codes in (h) above)</i>																											
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate																								
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses																								
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund																								
O* Other																											
Codes require detailed explanation in required remarks field (k)																											

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment
 Yes No

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

COMMITTEE TO RE-ELECT PETE M MARTIN				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
PETE M MARTIN 112 DALLAVIA CT MORRISVILLE, NC 27560-7351		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/20/2011
				i. Original Receipt Amount
				\$ 675.57
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
		P		\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	TO COVER EXP THAT ACCT DIDNT HAVE ENOUGH \$	12/31/2011	\$ 675.57
				\$ 675.57
				\$ 675.57
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kim O* Other				

In-Kind Contributions

Pg 1 of 1

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

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

COMMITTEE TO RE-ELECT PETE M MARTIN		
a. Full Name, Mailing Address & Phone (include city, state, & zip) PETE M MARTIN 112 DALLAVIA CT MORRISVILLE, NC 27560-7351		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		c. Comments d. Election Sum to Date \$ 0.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
COVER EXP FROM ACCT	11/20/2011	\$ 675.57
		\$
		\$
4. Total on this Page		\$ 675.57
5. Total of ALL CRO-1510 Pages		\$ 675.57

CRO-1510

NC State Board of Elections

December 2007