

Disclosure Report Cover

Attachment Yes No

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.

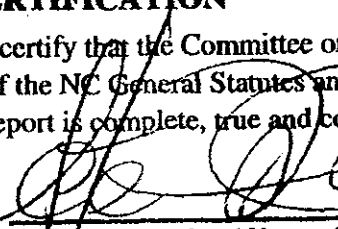
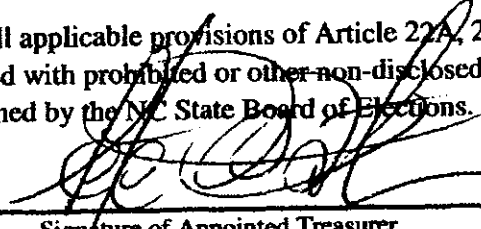
Committee Name <i>Committee to Reelect Rep M MARTIN</i>		c. ID Number _____
Mailing Address (include City, State and Zip Code) <i>Rep M MARTIN 112 DALLAS CT. MORRISVILLE, NC 27560</i>		d. Date Filed <i>Year ENVI</i>
2011 <i>9/29/2011</i>		e. Phone Number <i>919-620-4111</i>

Type of Committee (Check One)		Type of Report (Check only one type of report from one category)		
<input 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 <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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <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
Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund Other: _____		10. Special Report Name _____		

Account Information		Account Information	
Financial Institution Full Name <i>WACHOVIA BK</i>	a. Financial Institution Full Name _____	Purpose <i>Campaign Checking AR</i>	b. Purpose _____
c. Account Code <i>1</i>	d. Period Begin Balance \$ <i>126.02</i>	c. Account Code _____	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 1 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.

Printed Name of Signer _____ Signature of Appointed Treasurer _____ Date *1/27/2012*

FOR OFFICE USE ONLY

Date Received: <i>JAN 30 2012</i>	Employee: <i>[Signature]</i>	Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: <i>1/27/12</i>	Employee: _____	
Date Scanned: <i>1/31/12</i>	Employee: <i>4CB</i>	
	Employee: _____	

Detailed Summary

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Re-Elect Rep		

Start of Election Cycle: January 1, 9/29/2011	Total this Reporting Period	Total this Election Cycle
Cash on Hand at Start	\$ 126.02	\$ 126.02

RECEIPTS

Aggregated Contributions from Individuals (CRO-1205)	\$	\$
Contributions from Individuals (CRO-1210)	\$ 1393.00	\$ 1393.00
Contributions from Political Party Committees (CRO-1220)	\$	\$
Contributions from Other Political Committees (CRO-1230)	\$	\$
Loan Proceeds (CRO-1410)	\$	\$
Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 1519.02	\$ 1519.02

EXPENDITURES

Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 843.45	\$ 843.45
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
Loan Repayments (CRO-1420)	\$	\$
Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$
In-Kind Contributions (CRO-1510)	\$	\$
TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 843.45	\$ 843.45
Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 675.57	\$ 675.57

ADDITIONAL INFORMATION

Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
Debts and Obligations owed by the Committee (CRO-1610)	\$	
Debts and Obligations owed to the Committee (CRO-1620)	\$	

Contributions from Individuals

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

Committee Full Name (and Fund if applicable)	ID Number
Committee to Re-Elect Rep M Martin	

Contributor Information Add Remove

II Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
MR. & MS. Shaw & Kr 28 FAIRWOOD DR. BORRISVILLE, NC 27560	Secretary	e. Election Sum to Date \$100.00

or	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	1	check		10/24/2011	\$100.00
					\$
					\$

Contributor Information Add Remove

II Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
DR. BRIAN MARTIN 109 OLD VALISADES RD F. Lee, NJ 07024	M.D.	e. Election Sum to Date \$750.00

or	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	1	check		10/26/2011	\$250.00
					\$
					\$

Contributor Information Add Remove

II Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
JULIAN RAWL P.O. Box 8068 Greenville, NC 27835	Home Maker	e. Election Sum to Date \$500.00

or	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	1	check		10/26/2011	\$500.00
					\$

Contributions from Individuals

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

Committee Full Name (and Party if applicable) COMMITTEE TO RE-ELECT PETE M MARTIN ID Number

Contributor Information Add Remove

Full Name, Mailing Address & Phone (include city, state, & zip)
DAMION MARTIN
142-10 HOOKER AVE
JAMAICA, NY 11435

b. Job Title/Profession
ENGINEER

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
\$ 95.50

Priority	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>1</u>	<u>DIRECT DEP</u>		<u>11-2-2011</u>	<u>\$ 95.50</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information Add Remove

Full Name, Mailing Address & Phone (include city, state, & zip)
KARL BLACKLEY
111 CHESTERFIELD DR
CARY, NC 27513

b. Job Title/Profession
Builder

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
\$ 250

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

Contributor Information Add Remove

Full Name, Mailing Address & Phone (include city, state, & zip)
LINDA LYONS
1005 Church St
MORRISVILLE, NC 27560

b. Job Title/Profession
Customer Service

c. Employer's Name/Specific Field
VERIZON

d. Comments

e. Election Sum to Date
\$ 197.50

Priority	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>1</u>	<u>CHECK</u>		<u>12/5/2011</u>	<u>\$ 197.50</u>
<input type="checkbox"/>					\$

Contributions to be Reimbursed

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days. Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

Committee Full Name <i>Committee to Re Elect Rep M Martin</i>	ID Number
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Contributor Information Add Remove

Full Name & Mailing Address of the Payee (original vendor) <i>Rep M Martin 110 DALLAS CT MORRISVILLE, NC 27560</i>	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) <i>Rep M Martin 110 DALLAS CT MORRISVILLE, NC 27560</i>
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Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
<i>RE-IMBURSED</i>	<i>1-20-2012</i>	<i>N</i>	<i>\$675.54</i>

Contributor Information Add Remove

Full Name & Mailing Address of the Payee (original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)

Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$

Contributor Information Add Remove

Full Name & Mailing Address of the Payee (original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)

Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$

Contributor Information Add Remove

Full Name & Mailing Address of the Payee (original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)

Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$

Disbursements

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

Committee to Re-Elect Rep M Martin

Type of Disbursement: Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

Payee Information: Add Remove

Full Name, Mailing Address & Phone (include city, state, & zip) INTERNATIONAL MINUTE PRESS 8450 CHAPEL HILL RD CARY, NC 27563	b. Coordinated Committee Name PRESS	d. Comments
	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 \$ 1875.39

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT	0	11-1-2011	\$ 217.45	Brochure
				\$	

Payee Information: Add Remove

Full Name, Mailing Address & Phone (include city, state, & zip) CARY NEWS 1100 SITUS CT. SUITE 100 RALEIGH, NC 27606	b. Coordinated Committee Name NEWS RAKER	d. Comments
	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

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT	0	11-2-2011	\$ 395.00	ADVERTISEMENTS
				\$	

Payee Information: Add Remove

Full Name, Mailing Address & Phone (include city, state, & zip) PETERS MKT 4107 GRACE PARK DR MORRISVILLE, NC 27560	b. Coordinated Committee Name RESTAUNT	d. Comments
	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 \$ 231.45

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT	0	11/8/2011	\$ 231.45	843-45
				\$	

Total of this Page: \$

Total of ALL CRO-1100 Pages: \$

This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$

This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$