



## 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 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:	Marilya Martin	
Treasurer Name:	Marilyn Martin	置
Treasurer Address:	PO BOY 117	AE
(include city, state, & zip)	2733 Martin St	
	Walkertown, NC 2705/	
Treasurer Phone:	336 - 595-263/	

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).

7-14-09 Date Signed Marly Martin

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



# **Statement of Organization - Candidate Committee**

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

□ No

This form must be accompanied by forms CRO-3100 and CR	O-3500.			
1. Committee Information a. Full Name		c. ID Number		
Marilyn Martin	209249			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized		
PO BOY 117		1-14-69		
Walkerbun, NC 27051	/	e. Phone Number		
,		336-595-263/		
2. Candidate Information a. Full Name	Candidate's Primary Commit			
1		d. Party Affiliation		
Marilyn Martin	209249			
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction		
90 B04117	Town Council			
Walkertown, NG 1051	Walkertown N			
Walkerlow K, Ny 105/	(If office sought is nonpartisan, write "Nonpartisan" in [d]			
3. Treasurer Information	Party Affili 4. Custodian of Books Informa			
a, Full Name	a. Full Name			
Marilyn Martin		e, and Zip Code		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, Stat	e, and Zip Code)		
PO Box 117, Walkertown, NC 27051		5		
c. Phone Number d. Email Address	c. Phone Number d. Email Addr	ess 🬊 👺		
336- 595-2631 fmartin 3@ trial .v. con	h	E &		
5. Assistant Treasurer Information Add	6. Account Information (incl.	CRO-3500) Add		
a. Full Name Remove	a. Financial Institution Full Name	Remove		
NONE	NONE			
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.  May ilum May tin May like Mother 9-14-09				
Printed Name of Signer Sig	nature of Appointed Treasurer	Date		
Signatury Styposited Hoteland				



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Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

FILED BY:

CRO-3500

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

August 2008

Confidential

## **Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

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Committee Name:	Marilyr	Martin Ele	etion Committee	<u>e</u> _
Treasurer Name:	Marily	n Martin		
Treasurer Address:	PO BOU	1117, Walker	town, NC 270.	5/
(include city, state, & z	ip)		<b>,</b>	
Treasurer Phone:	336-5	95-2631		
the above named Commit	tee. These account n	umbers include all bank a	providing all account informatic accounts utilized, credit card at or any purpose by the Commit	ccount <b>ह</b> 💍
information provided wor court of competent jurisdi	uld only be used for ction. It will be nece nation on required dis	the purposes of an audit essary to assign each accordingly sclosure reports. If an acc	not subject to public disclosure or investigation or as required unt number a "account code" count number is used as the grived.	ed by 👼 in order
•		production to make coom of	arrou.	1
The treasurer shall mainta	ain all moneys of the	political committee in a	bank account or bank accoun	nts used
The treasurer shall mainta exclusively by the political	ain all moneys of the	political committee in a	بين <u>م</u>	nts used Account
The treasurer shall mainta exclusively by the political	ain all moneys of the	political committee in a l not commingle those fur	bank account or bank accounds with any other moneys.	Account
The treasurer shall mainta exclusively by the political	ain all moneys of the	political committee in a l not commingle those fur	bank account or bank accounds with any other moneys.	Account
The treasurer shall mainta exclusively by the politica  Type of account  Fi	ain all moneys of the al committee and shal nancial Institution	political committee in a l not commingle those fur Address	bank account or bank accounds with any other moneys.	Account
The treasurer shall mainta exclusively by the politica  Type of account  Fig.  By signing this statement	ain all moneys of the al committee and shal nancial Institution	political committee in a l not commingle those fur Address	bank account or bank accound with any other moneys.  Account Number	Account Code
The treasurer shall mainta exclusively by the politica  Type of account  Fi  By signing this statement provided.  Date Signed  In lieu of providing account	nin all moneys of the all committee and shal nancial Institution nt, I authorize agents ount information, I ce	political committee in a l not commingle those fur Address  of the State Board of Electrify that this committee were stated to the state state and the state stated the state stated to the state stated the stat	bank account or bank accounted with any other moneys.  Account Number  ctions to inspect all accounts	Account Code
The treasurer shall mainta exclusively by the politica  Type of account  Fi  By signing this statement provided.  Date Signed	nin all moneys of the all committee and shal nancial Institution nt, I authorize agents ount information, I ce	political committee in a l not commingle those fur Address  of the State Board of Electrify that this committee were stated to the state state and the state stated the state stated to the state stated the stat	bank account or bank account and with any other moneys.  Account Number  ctions to inspect all accounts  Signature of Candidate or Treasure	Account Code

Certification of Financial Account Information



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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:	<b>A</b> 1
Committee Name:	Marilya Martin Election Committee Marilya Martin
Treasurer Name:	Marilya Martia
Treasurer Address:	Po Bo 4117 - 2733 Martin St. Walkertown, NC 2705/
(include city, state, & zip)	Walkertown, NC 2705/
	<u> </u>
Treasurer Phone:	336-595-263/
until the end of the election expenditures during this election and file required THIS DECLARATION CAI  I am withdrawing my file the next scheduled report	nittee intends to neither receive nor expend more than \$3,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$3,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports.  N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  Certification to remain under the \$3000 threshold. I will now be required to the for all contributions and expenditures that have not been previously reported that the contribution cycle. I further agree to file all future reports required.  Maddyn Maddyn Signature

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