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: Donald L. Martin, Jr

Amended

c. ID Number:

b. Mailing Address (include City, State and Zip Code): 6307 Tobaccoville Rd, Tobaccoville, ~~Rd~~ NC 27050

d. Date Filed: 10/6/2026 (LTS)

e. Phone Number: 336-399-8064

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2026	01/09/2023 (LTS)	~~10/6/26~~ 07/24/2026 (LTS)	Lynn Thrower Spillman

6. Type of Committee (Check One)

- ☑ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report: 0

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☐ Year End	
☐ Special	☑ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: Truist Bank

b. Purpose: Reactivate Committee AND Close Committee

c. Account Code: 00051080502B6

d. Period Begin Balance: $ 975.22

11. Account Information

a. Financial Institution Full Name:

b. Purpose:

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 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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
Lynn Thrower Spillman	Lynn Thrower Spillman	7/24/26

FOR OFFICE USE ONLY

Date Received:		Employee:		Delivery Method: ☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		☐ 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.