

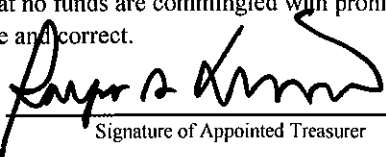
Statement of Organization - Candidate Committee

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 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Fallon for Council Committee		NA	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 5329 Pinehurst NC		July 5, 2011	
		e. Phone Number	
		910 215-9835	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Virginia F. Fallon		7H4P7	Non-partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
300 Oakmont Cir Pinehurst NC 28374		Pinehurst Council Member	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910 295-2304	vfallon@embarqmail.com	2011	Pinehurst
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Ralph S Newman Jr		Ralph S Newman Jr	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 5329 Pinehurst NC 28374		PO Box 5329 Pinehurst NC 28374	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910 215-9835	rsnewman@mindspring.com	910 215-9835	rsnewman@mindspring.com
<input checked="" type="checkbox"/> I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		First Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Checking account for campaign receipts and disbursements	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	Checking
<input type="checkbox"/> Email copy of notices			
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.			
Ralph S Newman Jr			7/11/11
Printed Name of Signer		Signature of Appointed Treasurer	Date



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: Virginia F. Fallon
Treasurer Name: Ralph S. Newman, Jr.
Treasurer Address: PO Box 5329
(include city, state, & zip) Pinehurst, NC 28374
Treasurer Phone: (910) 215-9835

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).

July 8, 2011
Date Signed

Virginia F. Fallon
Signature of Candidate



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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.

FILED BY:

Committee Name: Fallon For Council Committee
 Treasurer Name: Ralph S Newman Jr
 Treasurer Address: PO Box 5329
 (include city, state, & zip) Pinehurst NC 28374
 Treasurer Phone: 910-215-9835

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number an "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all monies of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other monies.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	FIRST BANK	PO Box 151 Pinehurst NC 28374	XXXXXXXXXX	1

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

7/11/11
Date Signed

Ralph S Newman Jr
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

Date Signed

Signature of Candidate or Treasurer



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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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Virginia F. Fallon

Committee Name: Fallon for Council Committee

Treasurer Name: Ralph S Newman Jr

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

Committee ID #: NA

Level Registered: ~~XXXXXX~~ [County] If county, specify: Moore

I, Virginia F. Fallon, 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).

<u>Name of Entity</u> <i>(Select from §163-278.16B(a))</i>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Pinehurst Arboretum</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: Virginia F Fallon

Date: 7/10/11

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