

# 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.

|  |                                   |
|--|-----------------------------------|
| <b>1. Committee Information</b>  |                                   |
| a. Full Name<br>Fallon For Council Committee   | c. ID Number                      |
| b. Mailing Address (include City, State and Zip Code)<br><br>PO Box 5329<br>Pinehurst NC 28374 | d. Date Filed<br>9/28/2011        |
|  | e. Phone Number<br>(910) 215-9835 |

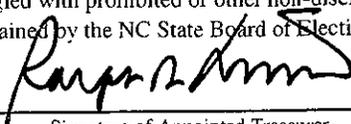
|                        |  |   |   |
|------------------------|--|---|---|
| 2. Report Year<br>2011 | 3. Period Start Date (mm/dd/yy)<br>7/11/2011 | 4. Period End Date (mm/dd/yy)<br>09/27/2011 | 5. Treasurer Full Name<br>Ralph S Newman Jr |
|------------------------|--|---|---|

|  |   |  |  |   |
|--|---|--|--|---|
| <b>6. Type of Committee (Check One)</b><br><input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser   | <b>9. Type of Report (check only one type of report from one category)</b><br><table style="width:100%;"> <tr> <td style="width:33%;"> <b>Municipal</b><br/> <input type="checkbox"/> Organizational<br/> <input checked="" type="checkbox"/> Thirty-five day<br/> <input type="checkbox"/> Pre-primary<br/> <input type="checkbox"/> Pre-election<br/> <input type="checkbox"/> Pre-runoff<br/> <input type="checkbox"/> Semi-annual<br/> <input type="checkbox"/> Mid Year<br/> <input type="checkbox"/> Year End<br/> <input type="checkbox"/> Final<br/> <input type="checkbox"/> Special                 </td> <td style="width:33%;"> <b>State/County</b><br/> <input type="checkbox"/> Organizational<br/> <input type="checkbox"/> Quarterly<br/> <input type="checkbox"/> First<br/> <input type="checkbox"/> Second<br/> <input type="checkbox"/> Third<br/> <input type="checkbox"/> Fourth<br/> <input type="checkbox"/> Semi-annual<br/> <input type="checkbox"/> Mid Year<br/> <input type="checkbox"/> Year End<br/> <input type="checkbox"/> Final<br/> <input type="checkbox"/> Special                 </td> <td style="width:33%;"> <b>Referendum</b><br/> <input type="checkbox"/> Organizational<br/> <input type="checkbox"/> Pre-referendum<br/> <input type="checkbox"/> Final<br/> <input type="checkbox"/> Supplemental Final<br/> <input type="checkbox"/> Annual<br/> <input type="checkbox"/> Special                 </td> </tr> </table> | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input checked="" type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |
| <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input checked="" type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special  | <b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special  |  |   |
| <b>7. Type of Fund (if applicable, check one)</b><br><input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:  |   |  |  |   |
| <b>8. Number of Fundraisers this Report</b>  |   |  |  |   |
| <b>10. Special Report Name</b>   |   |  |  |   |

|   |                      |                                    |                 |
|---|----------------------|------------------------------------|-----------------|
| <b>11. Account Information</b>                              |                      | <b>11. Account Information</b>     |                 |
| a. Financial Institution Full Name<br>First Bank            |                      | a. Financial Institution Full Name |                 |
| b. Purpose<br>Checking account for receipts & disbursements | c. Account Code<br>1 | b. Purpose                         | c. Account Code |
| d. Period Begin Balance<br>\$ 695.00                        |                      | d. Period Begin Balance<br>\$      |                 |

**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.

Ralph S Newman Jr  9/30/2011

Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

|                          |                 |  |
|--------------------------|-----------------|--|
| Date Received: 10/4/11   | Employee: EC    | <b>Delivery Method</b><br><input checked="" type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: _____   | Employee: _____ |  |
| Date Scanned: _____      | Employee: _____ |  |
| Date Data Entered: _____ | Employee: _____ |  |

**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.

**Contributions from Individuals**

Pg 1 of 4 Amendment  Yes  No

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

|   |                        |                           |  |                             |                                |  |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| Fallon For Council Committee  |                        |                           |  |                             |                                |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Howard J. Warren<br>60 Walnut Creek<br>Pinehurst NC 28374   |                        |                           | Architect                                |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | Retired                                  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 500.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Check                     |  | 7/11/201                    | \$ 500.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Donald C Van Roosen<br>155 Blake Blvd 226A<br>Pinehurst NC 28374  |                        |                           | Engineer                                 |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | Retired                                  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 1000.00                     |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Check                     |  | 8/12/2011                   | \$ 1000.00                     |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Martha P. O'Connor<br>535 Donald Ross Dr<br>Pinehurst, NC 28374   |                        |                           | Real Estate                              |                             |                                |  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|   |                        |                           | Retired                                  |                             | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |  |                             | \$ 250.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Check                     |  | 8/16/201                    | \$ 250.00                      |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>  |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 1750.00                     |  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |  |                             | \$ 2851.41                     |  |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>                                    |                        |                           |  |                             |                                |  |