

Disclosure Report Cover

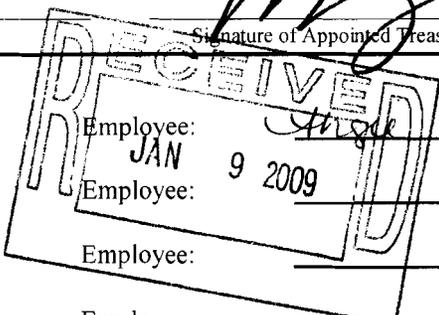
Amendment

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		c. ID Number	
Marshall Faircloth for County Commissioner		9CE3P2	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P.O. Box 87167 Fayetteville, NC 28304		1/9/09	
		e. Phone Number	
		910-323-1040	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2008	10/19/08	12/31/08	A. Johnson Chestnutt
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
New Century Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Acc	01		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 478.32		\$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if 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 according to N.C.G.S. 163-278.7(f).			
A. Johnson Chestnutt		10/19/08 1/9/09	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	
FOR OFFICE USE ONLY			
Date Received:	1-9-09		Delivery Method
Date Postmarked:			<input type="checkbox"/> Normal Mail
Date Scanned:			<input type="checkbox"/> Registered Mail
Date Data Entered:			<input checked="" type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> 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.			

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Marshall Faircloth for County Commissioner		4th Qtr.		9CE3P2	
Start of Election Cycle: January 1, 2008			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 478.32		\$ 0.00
5) Aggregated Contributions from Individuals (CRO-1205)			\$ 0.00		\$ 521.00
6) Contributions from Individuals (CRO-1210)			\$ 500.00		\$ 5088.00
7) Contributions from Political Party Committees (CRO-1220)			\$		\$
8) Contributions from Other Political Committees (CRO-1230)			\$ 0.00		\$ 250.00
9) Loan Proceeds (CRO-1410)			\$ 3635.00		\$ 8324.00
10) Refunds/Reimbursements To the Committee (CRO-1240)			\$		\$
11) 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)			\$		\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)			\$ 4135.00		\$ 14183.00
13) Disbursements					
13a) Operating Expenditures (CRO-1310)			\$ 4593.11		\$ 14162.79
13b) Contributions to Candidates/Political Committees (CRO-1310)			\$		\$
13c) Coordinated Party Expenditures (CRO-1310)			\$		\$
14) Aggregated Non-Media Expenditures (CRO-1315)			\$		\$
15) Loan Repayments (CRO-1420)			\$		\$
16) Refunds/Reimbursements From the Committee (CRO-1320)			\$		\$
17) In-Kind Contributions (CRO-1510)			\$		\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 4593.11		\$ 14162.79
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 20.21		\$ 20.21
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)			\$		\$
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)			\$		\$
22) Debts and Obligations owed By the Committee (CRO-1610)			\$		\$
23) Debts and Obligations owed To the Committee (CRO-1620)			\$		\$
24) Account Transfers Within the Committee (CRO-1720)			\$		\$
25) Administrative Support (CRO-1710)			\$		\$
26) Forgiven Loans (CRO-1440)			\$		\$
27) 48-Hour Notice Reports Sum (CRO-2200)			\$		\$
27) Contributions to be refunded (CRO-1215)			\$		\$

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number		
Marshall Faircloth for County Commissioner		9CE3P2		
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments	
William Faircloth 2307 Rolling Hill Rd. Fayetteville, NC 28304 910-323-1040		Accountant		
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		Faircloth & Co., LLP P.O. Box 87167 Fayetteville, NC 28304	11/3/2008	
f. End Date (mm/dd/yyyy)				
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		01	Check	\$ 3500.00
l. Full Name of Lending Institution			m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan)</i>				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		Accountant		
		d. Percentage	e. Amount	
		%	\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
		%	\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
		%	\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
		%	\$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>			\$ 3635.00	

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Marshall Faircloth for County Commissioner		9CE3P2	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
William Faircloth 2307 Rolling Hill Rd. Fayetteville, NC 28304 910-323-1040		Accountant	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Faircloth & Co., LLP P.O. Box 87167 Fayetteville, NC 28304	11/17/2008
f. End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
%		01	Check
k. Amount			
	\$ 135.00		
l. Full Name of Lending Institution			m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>			\$ 3635.00

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Marshall Faircloth for County Commissioner	9CE3P2

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Tom Warren 1108 Belmont Circle Fayetteville, NC 28305	Retired Merchant	
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		11/3/2008	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 500.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 500.00

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Marshall Faircloth for County Commissioner					9CE3P2
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Up & Coming 208 Rowan Street Fayetteville, NC 28303		b. Coordinated Committee Name		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	
				\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	10/21/2008	\$500.00	Advertisement
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Fayetteville Publishing Co. 458 Whitfield Street Fayetteville, NC 28301 910-323-4848		b. Coordinated Committee Name		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	
				\$ 4840.76	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	10/23/2008	\$1428.00	Advertising
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Fayetteville Publishing Co. 458 Whitfield St. Fayetteville, NC 28301 910-323-4848		b. Coordinated Committee Name		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	
				\$ 4959.11	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	10/23/2008	\$118.35	Advertising
				\$	
5. Total only this Page					\$ 2046.35
6. Total of ALL CRO-1310 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) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Marshall Faircloth for County Commissioner					9CE3P2
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Fayetteville Publishing Co. 458 Whitfield Street Fayetteville, NC 28301 910-323-4848					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 7348.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	10/30/2008	\$2389.60	Advertising
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Fayetteville Publishing Co. 458 Whitfield St. Fayetteville, NC 28301 910-323-4848					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 7500.87	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	11/5/2008	\$152.16	Advertising
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
New Century Bank P.O. Box 1988 Dunn, NC 28335-1988				Bank Fees	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 5.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
O			11/13/2008	\$5.00	
				\$	
5. Total only this Page					\$ 2546.76
6. Total of AEL CRO-1310 Pages					\$ 4593.11
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					