

Disclosure Report Cover

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.

Amendment
 Yes No

1. Committee Information	
a. Full Name ED RIDPATH FOR FUQUAY-VARINA	c. ID Number
b. Mailing Address (include City, State and Zip Code) 313 S FUQUAY AVE FUQUAY-VARINA, NC 27526-2214	d. Date Filed 10/27/2011
e. Phone Number (919) 567-2099	

RECEIVED
 OCT 31 2011
 WAKE CO. BOARD OF ELECTIONS

2. Report Year 2011	3. Period Start Date (mm/dd/yy) 09/28/2011	4. Period End Date (mm/dd/yy) 10/24/2011	5. Treasurer Full Name EDWARD RIDPATH
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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"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> Organizational	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)			<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final	
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		
		<input type="checkbox"/> Special	<input type="checkbox"/> Final		
			<input type="checkbox"/> Special		

8. Number of Fundraisers this Report
1

3. A/c Info Information		10. Special Report Name	
a. Financial Institution Full Name COASTAL FEDERAL CREDIT UNION			
b. Purpose PRIMARY ACCOUNT	c. Account Code PRI		
	d. Period Begin Balance \$ 630.92		

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

Edward A Ridpath [Signature]
 Printed Name of Signer Signature of Appointed Treasurer

10/27/2011
Date

FOR OFFICE USE ONLY

Date Received: <u>10-31-11</u>	Employee: <u>AMC</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <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.

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) ED RIDPATH FOR FUQUAY-VARINA	2. Type of Report 2011 Pre-Election	3. ID Number
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Start of Election Cycle: January 1, 2011	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 630.92	\$ 0.00

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$ 250.03	\$ 847.79
6) Contributions from Individuals (CRO-1210)	\$ 535.52	\$ 2,073.40
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 250.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 700.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.24
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 785.55	\$ 3,871.43

EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1,040.00	\$ 3,150.00
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 4.95	\$ 37.03
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)	\$ 135.52	\$ 448.40
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,180.47	\$ 3,635.43
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 236.00	\$ 236.00

ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 700.00	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00	
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Page 1 of 1

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Name (and kind if applicable)				2. ID Number	
ED RIDPATH FOR FUQUAY-VARINA					
3. Contribution Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	PRI	Check		10/14/2011	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PRI	Check		10/13/2011	\$ 25.03
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PRI	Check		10/16/2011	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PRI	Check		10/03/2011	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PRI	Credit Card		10/13/2011	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PRI	Check		10/16/2011	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$	\$250.03
5. Total of ALL CRO-1205 Pages				\$	\$250.03
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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

1. Contributor Full Name (and Fund if applicable)						2. ID Number
ED RIDPATH FOR FUQUAY-VARINA						
3. Contributor 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	
LINDA MARTIN 8613 Cavatina Ct. APEX, NC 27539			SCIENTIST			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NORTCH CAROLINA STATE UNIVERSITY		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PRI	Check		10/12/2011	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor 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	
EDWARD RIDPATH 313 S FUQUAY AVE FUQUAY-VARINA, NC 27526-2214 (919) 567-2099			SENIOR ARCHITECT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			IBM		\$ 1,548.40	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PRI	In-Kind	EVENT FOOD & BEVERAGES	10/16/2011	\$ 135.52	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor 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	
STEPHEN B SHUMAKE 302 E ACADEMY ST FUQUAY-VARINA, NC 27526			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			JOURNALIST		\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PRI	Check		10/23/2011	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total on this Page					\$ 435.52	
5. Total on ALL CRO-1210 PAGES					\$ 535.52	

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			
ED RIDPATH FOR FUQUAY-VARINA					
3. Contribution 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		
BETH WILLETT 202 MAUMEE CT CARY, NC 27513		REGISTERED NURSE			
		c. Employer's Name/Specific Field			
		HOSPITAL			
			e. Election Sum to Date		
			\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PRI	Credit Card		10/05/2011	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total for this Page					\$ 100.00
5. Total for All Contributions					\$ 535.52

Disbursements

Amendment

Pg 1 of 1 Yes No

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 Party if applicable) ED RIDPATH FOR FUQUAY-VARINA						2. ID Number
3. Type of Disbursement (Please use only one CRO-1100 form 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. Organization <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) FUQUAY-VARINA INDEPENDENT 209 E VANCE ST FUQUAY-VARINA, NC 27526				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 \$ 1,040.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
PRI	Electric Funds Tran	A	10/18/2011	\$ 1,040.00	NEWSPAPER ADS	
				\$		
Total for this Page						\$ 1,040.00
(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)						\$ 1,040.00
5. Purpose Code (Use additional expenditure code in all boxes)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

ED RIDPATH FOR FUQUAY-VARINA						
Candidate Name						
a	b	c	d	e	f	g
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Account Code	Priority	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PRI	Draft	C	10/05/2011	\$ 3.20	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PRI	Draft	C	10/13/2011	\$ 1.75	TRANSACTION FEE
Total only this Page					\$	4.95
Total of ALL ELECTION Pages <i>(This line must be on the 1st of Detailed Summary Page (CRO-1315))</i>					\$	4.95
E - Salaries		B* - Printing		D - To Another Candidate		
		G - Political Party		Q* - Donations to Legal Expense Fund		
O* - Other		J - Penalties				
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee, Ball Name, and Fund (if applicable)		2. ID Number
ED RIDPATH FOR FUQUAY-VARINA		
3. Ball Information <input type="checkbox"/> <input type="checkbox"/> Referendum		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date \$ 1,548.40
EDWARD RIDPATH 313 S FUQUAY AVE FUQUAY-VARINA, NC 27526-2214 (919) 567-2099		
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
EVENT FOOD & BEVERAGES	10/16/2011	\$ 135.52
		\$
		\$
6. Total on this Page		\$ 135.52
7. Total of All CRO-1510 Pages (Use the number in line 17 of attached Summary Page CRO-1510)		\$ 135.52

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and fund if applicable)		2. ID Number	
ED RIDPATH FOR FUQUAY-VARINA			
3. Loan Information <input type="checkbox"/> 4. Other <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
EDWARD RIDPATH 313 S FUQUAY AVE FUQUAY-VARINA, NC 27526-2214 (919) 567-2099		SENIOR ARCHITECT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		IBM	09/09/2011
			f. End Date (mm/dd/yyyy)
			12/31/2011
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%	NONE	\$ 700.00	\$ 700.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 700.00
5. Total of ALL CRO-1430 Pages <i>(this line includes all the 4s reported on all pages CRO-1430)</i>			\$ 700.00