

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 Dustin Tripp for Council	c. ID Number
Received	
b. Mailing Address (include City, State and Zip Code) 204 Switchback Street Knightdale, NC 27545	d. Date Filed 1/23/2012
JAN 27 2012 <i>Wake County Board of Elections</i>	
e. Phone Number (919) 623-3040	

2. Report Year 2011	3. Period Start Date (mm/dd/yy) 10/25/2011	4. Period End Date (mm/dd/yy) 12/31/2011	5. Treasurer Full Name Patricia Ann Eckstein
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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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input 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	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report 0			

11. Account Information		11. Account Information	
a. Financial Institution Full Name Suntrust Bank		a. Financial Institution Full Name	
b. Purpose For the receipt and disbursement of campaign contribution	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 268.84		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.

Patricia Ann Eckstein Patricia Ann Eckstein 01/23/2012
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 1-27-12 Employee: [Signature]

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 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	
Dustin Tripp for Council		Pre-Election			
Start of Election Cycle: January 1, 2011		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 268.84		\$ 0.00	
5) Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$		\$ 175.00	
6) Contributions from Individuals	<i>(CRO-1210)</i>	\$ 386.16		\$ 2,925.19	
7) Contributions from Political Party Committees	<i>(CRO-1220)</i>	\$		\$	
8) Contributions from Other Political Committees	<i>(CRO-1230)</i>	\$		\$ 150.00	
9) Loan Proceeds	<i>(CRO-1410)</i>	\$		\$ 50.00	
10) Refunds/Reimbursements To the Committee	<i>(CRO-1240)</i>	\$		\$ 90.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts	<i>(CRO-1250)</i>	\$		\$	
11b) Contributions from Not-for-Profit Organizations	<i>(CRO-1250)</i>	\$		\$	
11c) Outside Sources of Income	<i>(CRO-1250)</i>	\$		\$	
11d) Legal Expense Fund – Other Sources	<i>(CRO-1270)</i>	\$		\$	
11 e) Exempt Purchase Price Sales	<i>(CRO-1265)</i>	\$		\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 386.16		\$ 3,390.19	
13) Disbursements					
13a) Operating Expenditures	<i>(CRO-1310)</i>	\$ 368.84		\$ 2,784.88	
13b) Contributions to Candidates/Political Committees	<i>(CRO-1310)</i>	\$		\$	
13c) Coordinated Party Expenditures	<i>(CRO-1310)</i>	\$		\$	
14) Aggregated Non-Media Expenditures	<i>(CRO-1315)</i>	\$		\$ 149.36	
15) Loan Repayments	<i>(CRO-1420)</i>	\$		\$	
16) Refunds/Reimbursements From the Committee	<i>(CRO-1320)</i>	\$ 221.24		\$ 221.24	
17) In-Kind Contributions	<i>(CRO-1510)</i>	\$ 64.92		\$ 234.71	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 655.00		\$ 3,390.19	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 0.00		\$ 0.00	
20) Non-Monetary Gifts Given to Other Committees	<i>(CRO-1330)</i>	\$			
21) Outstanding Loans (incl. ones from other campaigns)	<i>(CRO-1430)</i>	\$			
22) Debts and Obligations owed By the Committee	<i>(CRO-1610)</i>	\$			
23) Debts and Obligations owed To the Committee	<i>(CRO-1620)</i>	\$			
24) Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$			
25) Administrative Support	<i>(CRO-1710)</i>	\$		\$	
26) Forgiven Loans	<i>(CRO-1440)</i>	\$		\$ 50.00	
27) 48-Hour Notice Reports Sum	<i>(CRO-2200)</i>	\$		\$	
28) Contributions to be Refunded	<i>(CRO-1215)</i>	\$ 221.24		\$ 221.24	

In-Kind Contributions

Amendment

Pg 1 of 1 Yes No

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 Full Name (and Fund if applicable)		2. ID Number	
Dustin Tripp for Council			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Dustin M. Tripp 204 Switchback Street Knightdale, NC 27545 (919) 217-6181		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$ 234.71
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Payment for automatic phone calls		11/16/2011	\$ 64.92
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input 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	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input 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	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 64.92	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 64.92	

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	
Dustin Tripp for Council						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dustin M. Tripp. 204 Switchback Street Knightdale, NC 27545 (919) 217-6181			Senior Engineering Inspector			
			c. Employer's Name/Specific Field			
			City of Raleigh Public Utilities Dept. Municipal Water & Sewer			
					e. Election Sum to Date	
					\$ 455.95	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CreditCard	RoboPhone Calls	11/16/2011	\$ 286.16	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mr. Joe Bryan 206 Maplewood Drive Knightdale, NC 27545			Wake County Commisioner			
			c. Employer's Name/Specific Field			
			Wake County Government			
					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"/>	1	Check		11/8/2011	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> 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"/>	1	Check			\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 386.16	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 386.16	

Contributions to be Reimbursed

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.

Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
Dustin Tripp for Council			
3. Contributor Information <input checked="" type="checkbox"/>		Add <input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
Dustin M. Tripp 204 Switchback Street Knightdale, NC 27545 (919) 217-6181		Suntrust Bank 4111 New Bern Ave # 101 Raleigh, NC 27610-1372 (919) 212-0090	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Partial Reimbursement for cost of automatic phone calls	11/16/2011	Y	\$ 221.24
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
4. Total only this Page			\$ 221.24
5. Total of ALL CRO-1215 Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 221.24

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
Dustin Tripp for Council					
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 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	
Planter's Walk HOA c/o Talis Management PO Box 99149 Raleigh, NC 27624 (919) 878-8787					
		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:			
				\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/16/2011	\$100.00	Event Sponsor
				\$	
4. Payee Information <input 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	
Suntrust Bank 4111 New Bern Ave # 101 Raleigh, NC 27610-1372 (919) 212-0090				Bank Account 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:			
				\$ 371.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Draft	O	10/31/2011	\$10.00	Bank Account Fees
1	Check Card	O	11/17/2011	\$221.24	Reimbursement for contributio
4. Payee Information <input 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	
ULine 12575 Uline Drive Pleasant Prairie, WI 53158 (800) 958-5463					
		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:			
				\$ 37.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check Card	O	10/26/11	\$37.60	Door Hanger Bags
				\$	
5. Total only this Page					\$ 368.84
6. Total of ALL CRO-1310 Pages					\$ 368.84
<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	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					
* Codes require detailed explanation in required remarks field (k)					

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Dustin Tripp for Council				
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Dustin M. Tripp 204 Switchback Street Knightdale, NC 27545 (919) 217-6181		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/16/2011
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 286.16
		f. Purpose Code	j. Election Sum to Date	
		P	\$ 221.24	
b. Job Title/Profession	c. Employer's Name/Specific Field		k. Account Code	
Senior Engineering Inspector	City of Raleigh Public Utilities		1	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check Card	Partial reimbursement of cost for automatic phone calls		11/17/2011	\$ 221.24
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		f. Purpose Code	j. Election Sum to Date	
			\$	
b. Job Title/Profession	c. Employer's Name/Specific Field		k. Account Code	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
				\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		f. Purpose Code	j. Election Sum to Date	
			\$	
b. Job Title/Profession	c. Employer's Name/Specific Field		k. Account Code	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
				\$
4. Total only this Page				\$ 221.24
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 221.24
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)				



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 to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: Dustin Tripp for Council
Treasurer Name: Patricia Ann Eckstein
Treasurer Address: 2220 Heathrowe Place
(include city, state, & zip) Raleigh, NC 27609

Treasurer Phone: (919) 876-0173

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/23/2012
Date Signed

[Signature]
Signature

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