

**Disclosure Report Cover**

Amendment  
 Yes  No

Please note that this cover sheet 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 those kinds of committee changes. Use the Addendum form (CRO-1010) if more entries are needed.

**I. Committee Information**

a. Full Name: Ray Riffe for County Commissioner F.I.N.U. #: 7HYD6N

b. Mailing Address (include City, State and Zip Code): 6104 Dawn Ridge Trail Greensboro, NC 27410

d. Date Filed: 04/24/2006

e. Phone Number: 336-605-9983

2. Report Year: 01/01/2006 3. Period Start Date (mm/dd/yyyy): 03/01/2006 4. Period End Date (mm/dd/yyyy): 04/15/2006 5. Treasurer Full Name: \_\_\_\_\_

6. Type of Committee (Check one):  
 Candidate Campaign  Party  
 Joint Fundraiser  PAC  
 Referendum

7. Type of Fund (if applicable, check one):  
 Soft Money Account  
 "Booster Fund"  
 Building Fund  
 NC Political Party Financing Fund  
 Presidential Election Year Candidates Fund  
 NC Public Campaign Financing Fund  
 Other: \_\_\_\_\_

8. Type of Report (check only one type of report from one category):  
**Municipal**  
 Organizational  
 Thirty-five day  
 Pre-primary  
 Pre-election  
 Pre-runoff  
 Semi-annual  
 Mid Year  
 Year End  
 Final  
 Special

**State/County**  
 Organizational  
 Quarterly  
 First Plus  
 Second  
 Third Plus  
 Fourth  
 Semi-annual  
 Mid Year  
 Year End  
 Final  
 Special

**Referendum**  
 Organizational  
 Pre-referendum  
 Final  
 Supplemental Final  
 Annual  
 Special

9. Special Report Name: \_\_\_\_\_

**10. Account Information**

a. Financial Institution Full Name: Wachovia

b. Purpose: All campaign expenses c. Code: \_\_\_\_\_

d. Period Begin Balance: \$ 0.00

**CERTIFICATION**

I certify that the Committee is in compliance with all provisions of Article 22A, including that m funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Raymond D. Riffe Raymond D. Riffe 0412412006  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_ Delivery Method:  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

**RECEIVED**  
**APR 24 2006**  
 GUILFORD COUNTY  
 BOARD OF ELECTIONS

Detailed Summary

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Ray Riffe for County Commissioner		Quarterly- First Plus		7HYD6N	
Start of Election Cycle: <b>January 1,</b> _____ <b>2006</b>				Total this Reporting Period	
				Total this Election Cycle	
<b>4) Cash on Hand at Start</b>				\$ 0.00 \$ 1,007.00	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b> (CRO-1205)				\$ 20.00 \$ 20.00	
<b>Contributions fmm Individuals</b> (CRO-1210)				\$ 280.00 \$ 280.00	
7) Contributions fmm Political Party Committees (CRO-1220)				\$ 500.00 \$ 500.00	
8) Contributions from Other Political Committee, (CRO-1230)				\$ 0.00 \$ 0.00	
9) Loan Proceeds (CRO-1410)				\$ 0.00 \$ 0.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)				\$ 0.00 \$ 0.00	
11) Other Receipt Sources (CRO-1250)					
<b>11a) Interest on Bank Accounts</b> (CRO-1250)				\$ 0.00 \$ 0.00	
11b) Contributions fmm Not-for-Profit Organizations (CRO-1250)				\$ 0.00 \$ 0.00	
<b>11c) Outside Sources of Income</b> (CRO-1250)				\$ 0.00 \$ 0.00	
12) "Goods and Services" Contributions (CRO-1260)				\$ 0.00 \$ 0.00	
<b>13) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)				\$ 800.00 \$ 1,007.00	
<b>EXPENDITURES</b>					
14) Disbursements (CRO-1310)					
<b>14a) Operating Expenditures</b> (CRO-1310)				\$ 0.00 \$ 207.00	
<b>14b) Contributions to Candidates/Political Committees</b> (CRO-1310)				\$ 0.00 \$ 0.00	
<b>14c) Coordinated Party Expenditures</b> (CRO-1310)				\$ 0.00 \$ 0.00	
15) Loan Repayments (CRO-1420)				\$ 0.00 \$ 0.00	
16) Refunds/Reimbursements Fmm the Committee (CRO-1320)				\$ 0.00 \$ 0.00	
17) In-Kind Contributions (CRO-1510)				\$ 0.00 \$ 0.00	
<b>18) TOTAL EXPENDITURES</b> (Add lines 14a, 14b, 14c, 15, 16, and 17)				\$ 0.00 \$ 207.00	
<b>19) Cash on Hand at End</b> (Add lines 4 and 13 together, then subtract line 18)				\$ 800.00 \$ 800.00	
<b>ADDITIONAL INFORMATION</b>					
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				\$ \$	



**Contributions from Individuals**

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Ray Riffe for County Commissioner						7HYD6N	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Raymond D. Riffe 6104 Dawn Ridge Trail Greensboro, NC 27410				UniServ Director			
				<b>c. Employer's Name/Specific Field</b>			
				NC Association of Educators		<b>e. Election Cycle Sum to Date</b>	
						\$	
<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"/>		Cash		03/17/2006	\$ 100.00		
<input type="checkbox"/>		Cash		03/17/2006	\$ 100.00		
<input type="checkbox"/>		Cash		03/17/2006	\$ 80.00		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Cycle Sum to Date</b>	
						\$	
<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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Cycle Sum to Date</b>	
						\$	
<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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>					\$ 280.00		
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 280.00		

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Ray Riffe for County Commissioner				7HYD6N	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Guilford County Democratic Party Executive Committee 6600 West Market Street Greensboro, NC 27407 336-315-5532					
				c. Election Cycle Sum to Date	
				\$ 500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
	Check		03/20/2006	\$ 500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Cycle Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Cycle Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 500.00	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 500.00	