

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 <i>Kenneth S. Edge Campaign</i>	c. ID Number <i>40YV1L</i>
b. Mailing Address (include City, State and Zip Code) <i>6874 Towbridge Rd. Fayetteville, N.C. 28306</i>	d. Date Filed <i>1-13-15</i>
	e. Phone Number <i>(910) 425-0918</i>

2. Report Year <i>2014</i>	3. Period Start Date (mm/dd/yy) <i>07-01-2014</i>	4. Period End Date (mm/dd/yy) <i>12-31-2014</i>	5. Treasurer Full Name <i>Kenneth S. Edge</i>
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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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<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		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>State Employees Credit Union</i>	a. Financial Institution Full Name	b. Purpose <i>Campaign</i>	c. Account Code
b. Purpose	c. Account Code <i>1</i>		
	d. Period Begin Balance <i>\$ 3,790.70</i>		d. Period Begin Balance <i>\$</i>

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.

Kenneth S. Edge *Kenneth S. Edge* *1-13-15*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: *JAN 13 2015* Employee: *MCR* Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 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.

Detailed Summary

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	
<i>Kenneth S. Edge Campaign</i>	<i>2014 Year End Semi-Annual</i>	<i>40YV1L</i>	
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ <i>3,790.70</i>	\$ <i>5,050.67</i>	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ <i>- 0 -</i>	\$ <i>- 0 -</i>	
6) Contributions from Individuals (CRO-1210)	\$ <i>- 0 -</i>	\$ <i>- 0 -</i>	
7) Contributions from Political Party Committees (CRO-1220)	\$ <i>- 0 -</i>	\$ <i>- 0 -</i>	
8) Contributions from Other Political Committees (CRO-1230)	\$ <i>- 0 -</i>	\$ <i>- 0 -</i>	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ <i>4.38</i>	\$ <i>22.41</i>	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ <i>4.38</i>	\$ <i>22.41</i>	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ <i>156.00</i>	\$ <i>634.00</i>	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ <i>550.00</i>	\$ <i>1,350.00</i>	
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)	\$ <i>706.00</i>	\$ <i>1,984.00</i>	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <i>3,089.08</i>	\$ <i>3,089.08</i>	
ADDITIONAL INFORMATION			
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)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

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) <i>Kenneth S. Edge Campaign</i>	2. ID Number <i>40YVIL</i>
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3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>State Employees Credit Union 651 Executive Pl. Fayetteville, NC 28302</i>	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 <i>\$ 24.00</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>1</i>	<i>Deduction (Statement)</i>	<i>K</i>	<i>7-6-14 → 12-15-14</i>	<i>\$ 6.00</i>	
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>The Care Clinic P.O. Box 53438 Fayetteville, NC 28305 (910) 485-0555</i>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date <i>\$ 100.00</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>1</i>	<i>Check</i>	<i>K</i>	<i>8-11-14</i>	<i>\$ 100.00</i>	<i>Hole Sponsor</i>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Grays Creek Womens Club 7912 Hwy 87 Fayetteville, N.C. 28306 (910) 485-6300</i>	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 <i>\$ 50.00</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>1</i>	<i>check</i>	<i>K</i>	<i>9-25-14</i>	<i>\$ 50.00</i>	<i>Sponsor</i>
				\$	

5. Total only this Page \$ *156.00*

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 | 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)

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) <i>Kenneth S. Edge Campaign</i>	2. ID Number <i>404V1L</i>
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3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Jonathan Barfield for Congress Campaign P.O. Box 3322 Wilmington, NC 28406 (910) 233-8780</i>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ <i>100.00</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>1</i>	<i>Check</i>	<i>D</i>	<i>8-11-14</i>	<i>\$ 100.00</i>	<i>Donation</i>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Friends to elect Rudy Tatum P.O. Box 53777 Fayetteville, NC 28305</i>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ <i>100.00</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>1</i>	<i>Check</i>	<i>D</i>	<i>9-25-14</i>	<i>\$ 100.00</i>	<i>Donation</i>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Greg West for School Board 506 Charleston Pl. Fayetteville, N.C. 28303</i>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ <i>100.00</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>1</i>	<i>Check</i>	<i>D</i>	<i>9-25-14</i>	<i>\$ 100.00</i>	<i>Donation</i>
				\$	

5. Total only this Page c. Level Registered (Specify) \$ *300.00*

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 | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - 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	
Kenneth S. Edge Campaign						40YV1L	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses		<input checked="" 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)				b. Coordinated Committee Name		d. Comments	
Lee Warren Campaign P.O. Box 68 Fayetteville, NC 28302 (910) 485-2700							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	D	9-15-14	\$ 100.00	Donation		
				\$			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Committee to elect Rick Glazier 2642 Old Colony Pl. Fayetteville, NC 28303							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	D	10-16-14	\$ 150.00	Donation		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						c. Level Registered (Specify)	
						\$ 250.00	
6. Total of ALL CRO-1310 Pages						e. Election Sum to Date	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$ 706.00	
(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		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		O* - Other	
* Codes require detailed explanation in required remarks field (k)							

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Kenneth S. Edge Campaign				40YVIL	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
State Employees Credit Union P.O. Box 29561 Raleigh, N.C. 27656					
			c. Outside Source Explanation		
			e. Election Sum to Date		
					\$ 22,41
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Interest		7-16-14 →	\$ 4.38	
			12-15-14	\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			e. Election Sum to Date		
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			e. Election Sum to Date		
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 4.38	
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				\$ 4.38	