.0-10-11605:35 RCVD

Amendment No

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

1. Committee Infor	mation	•								
a. Full Name							e. ID Number			
Bob Ward for City	Council						4D4NPQ			
b. Mailing Address (incl	ude City, State and Zip Code)						d. Date Filed			
2205 Woodridge Ct Burlington, NC 272							10/10/11			
g ,							e. Phone Number			
							336-227-1954			
2. Report Year	3. Period Start Date (mm/d	id/yy)	4. Period I (mm/dd/yy)	End Da	te	5. Treasurer Full				
2011	7/27/11		9/2	27/11		Robert Marion Wa	ard			
6. Type of Committ	ee (Check One)	9. Туре	of Report	(c.	heck or	ly one type of report	from one category)			
Candidate Campa	aign Party	Municipa	al		State/C	County	Referendum			
PAC	Referendum		Organizational			Organizational	Organizational			
Independent Expenditure Legal Expense Fu	Joint Fundraiser		Thirty-five day			Quarterly	Pre-referendum			
7. Type of Fund	(if applicable, check one)	<u> </u>	Pre-primary		П	First	Final			
"Booster Fund"	(i) applicable, effects one)	1 =	Pre-election		H	Second	Supplemental Final			
Building Fund	!		Pre-runoff		Ħ	Third	Annual			
hand C		1 —	Semi-annual		П	Fourth	Special			
			Mid Year	:		Semi-annual				
Other:			Year End			Mid Year	10. Special Report Name			
] [F	Final			Year End				
8. Number of Fund	raisers this Report		Special			Finat				
	0			İ		Special				
11. Account Inform				11. Ac	count	Information				
a. Financial Institution I				a. Finar						
Sun Trust Bank										
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code			
Campaign	1					<u> </u>				
Account										
	d. Period Begin Balance						d. Period Begin Balance			
	\$ 1,500						\$			
CERTIFICATION					•					
I certify that the Con	nmittee or Fund is in compli	ance with	all applicat	ble prov	isions	of Article 22A, 22B.	& 22D-22M of Chapter 163 of			
							I further certify that this report			
-	correct and that I have been	i trained b	by the NGS	tate Bo	ard of J	Elections.	·			
Robert Mar			-		Nario	<u> </u>	10/10/29			
	Printed Name of Signer		Sig	gnature o	f Appoin	ted Treasurer	Date			
FOR OFFICE USE O					3	/	Delf arm Made al			
Date Received:	10-10-11	F	Employee:		<u> </u>	<u></u> [Delivery Method Normal Mail			
Date Postmarked	i:	F	Employee:			 [Registered Mail Hand Delivered			
Date Scanned:		F	Employee:				Electronically Filed Signer has not received			
Date Data Entere	ed:	E	Employee:				mandatory training			
Please Note: Thi							ss, treasurer, assistant treasurer.			
	You must amend the Stater					informationE) to make committe	e changes.			

CRO-1000

NC State Board of Elections

August 2008

Amendment

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number			
Bob Ward for City Council	35 Day Municipal		4D4NQP			
Start of Election Cycle: January 1,	2008	Total this Reporting Period	Total this Election Cycle			
4) Cash on Hand at Start		\$ 1,500.00	\$ -0-			
	garingan Manggari	in the second second second				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 25.00			
6) Contributions from Individuals	(CRO-1210)	\$ 5,000.60	\$ 6,500.60			
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$			
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$			
9) Loan Proceeds	(CRO-1410)	\$	\$			
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$			
11) Other Receipt Sources		化基础基本表达的				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$			
11b) Contributions from Not-for-Profit Organizati	ions <i>(CRO-1250)</i>	\$	\$			
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, 11	lc, 11d and 11e)	\$ 5,000.60	\$ 6,525.60			
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 4.772.73	\$ 4,772.73			
13b) Contributions to Candidates/Political Commit	ttees (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)	\$	\$ 25.00			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 4,772.73	\$ 4,797.73			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	stract line 18)	\$ 1,727.87	\$ 1,727.87			
		and the second section is				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaign	ns) <i>(CRO-1430)</i>	\$				
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)	\$	\$			

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 Bob Ward for City Council 4D4NQP 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Robert Marion Ward 2205 Woodridge Ct. c. Employer's Name/Specific Field Burlington, NC 27215 e. Election Sum to Date 336-227-1954 6,525.60 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount #1 Cash 08/02/11 \$.60 #1 Check \$ 09/02/11 2,000.00 #1 Check 09/14/11 \$ 3,000.00 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) 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 \$ \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) 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 \$ \$ \$ 4. Total only this Page \$ 5,000.60 5. Total of ALL CRO-1210 Pages \$ 5,000.60

(This line must be on line 6 of Detailed Summary Page CRO-1100)

				Amenament								
Disbursements	Pg	<u>1</u>	of <u>5</u>	\boxtimes	Yes		No					
Lea this form to report expanditures from the assemble form			: +	نفنا مسامه الفا	امد							

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

	ull Name (and Fun	d if applicable)			2. ID Number	
Bob Ward for C	City Council				4D4NQP	
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for each t	ype of Disburser	nent.)	
Operating E	xpenses	Contributions to Car	ndidates/Political Committees		oordinated Party Expenditures	
4. Payee Inform	nation		Add	Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,						
USPS			•			
405 Maple Ave.			c. Level Registered (Specify)			
Burlington, NC			Federal T	County:		
Durington, IVC	_/213		State	Municipality:	e. Election Sum to Date	
336-227-8309			state	Situate parity.	e. Election Bull to Date	
330-227-8309					\$ 186.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
#1	Check #1006	I	08/29/11	\$54.95		
#1	Check #1014	I	09/19/11	\$132.00		
4. Payee Inform	ation		Add 🗍	Remove		
	ng Address & Phone	<u>L</u>	b. Coordinated Committee N		d. Comments	
	**		b. Coordinated Committee .v.	anic	u. Comments	
(include city, state, Westbrook Stud			}			
1236 S. Church			Total Code		\dashv	
			c. Level Registered (Specify)		4	
Burlington, NC	27215		Federal	County:		
226 226 6171			State 🖂	Municipality:	e. Election Sum to Date	
336-226-6474					\$ 80.81	
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
#1	Check #1004	O	08/22/11	\$80.81	Campaign Photo	
				s		
4. Payee Inform	etion		Add	Remove		
	ng Address & Phone		, 		d. Comments	
	_		b. Cool dillated Committee Na	b. Coordinated Committee Name		
(include city, state,						
Lowes Home In 125 Huffman M				_		
			c. Level Registered (Specify)		_	
Burlington, NC	27215		Federal	County:		
			State 🗵	Municipality:	e. Election Sum to Date	
336-226-5656					\$ 58.57	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
#1	Check #1009	Α	09/11/11	\$58.57	Sign Accessorys	
•			-	\$		
5. Total only thi	с Рапе			1	\$ 326.33	
	CRO-1310 Pages				\$ 320.33	
	•	man Bana CDO 110	f if Operating Expenses)			
	-		o if Contrib to Candidates/Politic	al Conunt	\$ 4,772.73	
_	-) if Coordinated Party Expenditu	,		
				resj	· · · · · · · · · · · · · · · · · · ·	
A* - Media	es (List detailed exp	c* - Fund		D T: 4	Con Edet	
E - Salaries	B* - Printing F* - Equipment	G - Politic			ner Candidate g Public Office Expenses	
I - Postage	J - Penalties		e Expenses	g Public Office Expenses on to Legal Expense Fund		
O* - Other	o i characo	A OIR	- Zapenoes	A - Dangto	on to Began Dapense Punu	
	e detailed explanati	on in required re	emarks field (k)			

				Amendment	
Disbursements	Pg	2	of <u>5</u>	Yes	
	~ ~				

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

	ull Name (and Fun	d if applicable)				2. 1D Number
Bob Ward for C	City Council					4D4NQP
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for	or each i	type of Disburse	ment.)
Operating E			ndidates/Political Com			Coordinated Party Expenditures
4. Payee Inforn			Add		Remove	· ·
	ing Address & Phone		b. Coordinated Coo	mmittee V		d. Comments
	•		b. Coordinated Cor	munttee .v	ame	u. Comments
(include city, state,			4			
, .	ubs (DST Foods)					
2138 S. Church			c. Level Registered	(Specify)		
Burlington, NC	27215		Federal		County:	
			State	\boxtimes	Municipality:	e. Election Sum to Date
336-226-8093						\$ 44.84
	- CD	h. Purpose Code		<u> </u>	T	
f. Account Code	g. Form of Payment	n. rurpose Code	i. Date (mm/dd/	уууу)	j. Amount	k. Required Remarks
#1	Check #1012	0	09/13/11		\$44.84	Food for
						Committee Mtg.
					\$	
4. Payee Inform	lation		Add		Remove	
· •	ing Address & Phone		b. Coordinated Cor	mmittee N		d. Comments
(include city, state,	-		or coordinated con			ui comments
	nty Board of Elec-		-			
	ity board of Elec-		112			_
tions			c. Level Registered	(Specify)		_
115 S. Maple St			Federal	Ļ	County:	
Graham, NC 27	253		State	⊠_	Municipality:	e. Election Sum to Date
336-570-6755						\$ 26.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		j. Amount	k. Required Remarks
						CD's of 2007 &
#1	Check #1002	B	08/02/11		\$25.60	2009 Elections
41.4						Print outs
#1	Cash	В	08/02/11		\$.60	
4. Payee Inform	ation		Add Remove			
	ng Address & Phone		b. Coordinated Cor	mmittee N		d. Comments
(include city, state,						
Sun Trust Bank			1			
2405 S. Church			- I DiI	40	• • • • • • • • • • • • • • • • • • • •	
			c. Level Registered	(Specify)		
Burlington, NC	27215		Federal	닏	County:	
			State	\square	Municipality:	e. Election Sum to Date
336-229-3000						\$ 26.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/g	уууу)	j. Amount	k. Required Remarks
#1	Doub status	0	09/21/11		627.00	Printing of
#1	Bank statmen	О	08/31/11		\$26.00	Campaign Checks
					S	
					3	
5. Total only thi						\$ 97.04
6. Total of ALL	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sun	mary Page CRO-1100	oif Operating Expense	es)		0 4 550 50
(This line goes in	line 13b of Detailed Sun	mary Page CRO-1100) if Contrib to Candida	ates/Politic	cal Comm)	\$ 4.772.73
(This line goes in	line 13c of Detailed Sun	mary Page CRO-1100) if Coordinated Party	Expenditi	ires)	
	es (List detailed ex				<u> </u>	· · · ·
A* - Media	B* - Printing	C* - Fund		····	D - To Anot	her Candidate
E - Salaries	F* - Equipment					ner Candidate Ig Public Office Expenses
I - Postage	J - Penalties		e Expenses			ing Fublic Office Expenses ion to Legal Expense Fund
O* - Other	o remaines	1 One	· wapenses		A - Donati	on to Degai Expense Fund
	e detailed explanati	ion in required re	marks field (k)			

No

					Amendm	ient
Disbursements	Pg	<u>3</u>	of	<u> 5</u>	× Y	es

Disbursements	Pg	3	of	<u>5</u>	\boxtimes	Yes
Use this form to report expenditures from the committee for; operating exp	oenses	, contrib	utions to	candi	date/politi	ical
committees and coordinated party expenditures.					-	
1. Committee Full Name (and Fund if applicable)		·	·		2. ID	Numb

Bob Ward for City Council 4D4NQP								
3. Type of Disb		ise use separate C	RO	-1310 forms for each	h tv	pe of Disbur	seme	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Operating I				ntes/Political Committees	,			rdinated Party Expenditures
4. Payee Inforn	nation		A	dd [7	Remove		
a. Full Name, Mail	ing Address & Phone		b.	Coordinated Committee	e Na			d. Comments
(include city, state,								
	essional Supplies							
Inc.	, ,		c.	Level Registered (Specif	v)			
805 E. Parker S	t.			Federal	Ť	County:		
Graham, NC 27	253			State	1	Municipality:	F	e. Election Sum to Date
								
336-528-6432								\$ 2,351.87
f. Account Code	g. Form of Payment	h. Purpose Code	•	i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks
#1	Charle #1015	D		00/10/11		62.251.07		Pens, Signs,
#1	Check #1015	В		09/19/11		\$2,351.87		Palm Cards, etc
						c		
						\$	- 1	
4. Payee Inform	ation		A	dd]	Remove		
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee	: Na	me		d. Comments
(include city, state,	& zip)							
Sign Crafters			7					
2001 Maple Av	e.		c.	Level Registered (Specify	y)			
Burlington, NC	27215			Federal]	County:		
] State 🔀]	Municipality:		e. Election Sum to Date	
336-229-1205								¢ 1014.12
			l				1	\$ 1,014.13
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks
#1	Check #1007	В		08/29/11		\$507.07		4'x6' Banners
71 1	CHECK #1007	В		00/29/11		\$507.07		
#1	Check #1008	В		09/02/11		\$507.06		4'x6' Banners
4. Payee Inform			A		Remove			
	ng Address & Phone		Ь.	Coordinated Committee	Na	nie		d. Comments
(include city, state,	& zip)		-				ľ	
Sign Crafters								
2001 Maple Av			c.	Level Registered (Specify	y)			
Burlington, NC	27215			Federal]	County:	-	
201 200 1005				State 🔀]	Municipality:		e. Election Sum to Date
336-229-1205								\$ 1,661.41
f. Account Code	a Found of Boumont	h. Purpose Code	┸┯	: Data (m.m/dd/)	\neg			·
i. Account Code	g. Form of Payment	in rur pose code	-	i. Date (mm/dd/yyyy)		j. Amount	\dashv	k. Required Remarks
#1	Check #1011	В		09/11/11		\$602.44		4'x6' Banners
					-			& Posters
#1	Check #1013	В		09/14/11		\$44.84		Posters
5. Total only thi	e Dogo						_	\$ 4,013,28
	CRO-1310 Pages							\$ 4,013.28
	_	maev Paga CRO-1100	0 37 0	Ingratina Evnançae)				
(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)						\$ 4,772.73		
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
	es (List detailed ex				/	/_		
A* - Media	B* - Printing	C* - Fund				D - To An	other	Candidate
E - Salaries	F* - Equipment	G - Politic						Public Office Expenses
I - Postage	J - Penalties	K* - Offic						to Legal Expense Fund
O* - Other						•		
* Codes require	e detailed explanati	on in required re	ema	rks field (k)				

No

committees and	report expenditures coordinated party ex	penditures.	P _t ee for; operating expens			<u>5</u> candida	Amendment Yes ite/political	☐ No	
	ull Name (and Fund	d if applicable)					2. ID Number		
Bob Ward for C							4D4N(QP	
3. Type of Disb			RO-1310 forms for eac		pe of Disbursem	ent.)			
Operating E		Contributions to Can	ndidates/Political Committees			ordinated	ordinated Party Expenditures		
4. Payee Inform			Add []	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committe	e Nar	me	d. Cor	mments		
(include city, state,	& zip)								
Office Depot					<u></u> .				
1825 S. Church		ļ	c. Level Registered (Speci	fy)					
Burlington, NC	27215	!	Federal]	County:				
		ļ	State 🗵	<u> </u>	Municipality:	e. Elec	ction Sum to Date		
336-226-6122						\$ 1	31.99		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		j. Amount	k. Req	juired Remarks		
1	Check #1003	О	08/15/11		\$61.74	Offic	e Supplies		
#1	Check #1005	O	08/22/11		\$70.25	Offic	e Supplies		
4. Payee Inform	ation		Add		Remove		·····		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee	e Nar	nie	d. Comments			
(include city, state,	& zip)								
Office Depot	·								
1825 S. Church	St.		e. Level Registered (Speci	fy)					
Burlington, NC	27215		Federal]	County:				
			State 🔀	₫	Municipality:	e. Elec	ction Sum to Date		
336-226-6122		f				\$ 1	90.75		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		j. Amount	k. Reg	juired Remarks		
#!	Check #1010	O	09/11/11		\$22.20	Offic	e Supplies		
#1	Check #1016	0	09/20/11	\top	\$36.56	Offic	e Supplies	-	
4. Payee Inform	ation		Add		Remove	·			

	8		www.comman.j.j.j.j.j	J. 7. Z. NO G. NO	in required recination			
1	Check #1003	0	08/15/11	\$61.74	Office Supplies			
#1	Check #1005	0	08/22/11	\$70.25	Office Supplies			
4. Payee Inform	ation		Add \square	Remove				
•	ng Address & Phone		b. Coordinated Committee N		d. Comments			
(include city, state,								
Office Depot	<u> </u>							
1825 S. Church	St		c. Level Registered (Specify)		_			
Burlington, NC			Federal Specify					
Durington, NC	21213			County:	51 1 6			
336-226-6122			State 🔀	Municipality:	e. Election Sum to Date			
JJ0-220-0122					\$ 190.75			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
#!	Check #1010	0	09/11/11	\$22.20	Office Supplies			
#1	Check #1016	0	09/20/11	\$36.56	Office Supplies			
4. Payee Inform	ation		Add	Remove				
a. Full Name, Mailing Address & Phone			b. Coordinated Committee N		d. Comments			
(include city, state,	_			·····				
Office Depot								
•	1825 S. Church St.							
Burlington, NC			c. Level Registered (Specify) Federal	County:				
Darington, 110	2.2.3		State	Municipality:	e. Election Sum to Date			
336-226-6122				within capanty.	e. Election Sum to Date			
330-220-0122					\$ 321.11			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
# 1	Check #1017	0	09/25/11	\$120.26	Office Supplies			
π I	CHECK #1017	O	09/23/11	\$130.36				
				s				
5. Total only thi					\$ 321.11			
6. Total of ALL	CRO-1310 Pages							
(This line goes in	line 13a of Detailed Sun	mary Page CRO-1100	if Operating Expenses)		\$ 4,772.73			
(This line goes in a	line 13h of Detailed Sun	mary Page CRO-1100	if Contrib to Candidates/Politi	cal Comm)	3 4,772.73			
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expendit	ures)				
7. Purpose Code	es (List detailed ex	oenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fund	raising	D - To Anot	her Candidate			
E - Salaries	F* - Equipment	G - Politic	-		g Public Office Expenses			
I - Postage	J - Penalties	K* - Offic	e Expenses	Q* - Donati	on to Legal Expense Fund			
O* - Other	. 1. 2. 9. 1 . 1		1 (W 1 2 / 2)					
	Codes require detailed explanation in required remarks field (k)							
CRO-1310 NC State Board of Elections					December 2009			

					Amendment			
Disbursements	Pg	<u>5</u>	of	5	Yes			
Is this form to report amonditures from the committee for								

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

	full Name (and Fun	d if applicable)				2. ID Number				
	30b Ward for City Council 4D4NQP Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
3. Type of Disb										
Operating E	<u> </u>	Contributions to Ca	ndidates/Political Cor	nmittees		Coordinated Party Expenditures				
4. Payee Inforn			Add		Remove					
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Name			d. Comments				
(include city, state,	& zip)									
FIA Card Servi	ces		1							
P. O. Box 1501	9		c. Level Registere	d (Specify)						
Wilmington, DI	E 19850-5019		Federal		County:	7				
			State	\square	Municipality:	e. Election Sum to Date				
1-800-342-2309	9									
	·					\$ 14.97				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	l/yyyy)	j. Amount	k. Required Remarks				
#1	Check #1018	A	09/27/11		\$14.97	Payment for				
					-	CampaignWebsite				
					\$					
4. Payee Inform	nation	Ι Π	Add		Remove					
	ing Address & Phone		b. Coordinated Co	ommittee N		d. Comments				
(include city, state,										
(merade enji) stavet	<u> </u>		_							
			c. Level Registere	d (Specify)		-				
			Federal	a (Specify)	County:	-				
				片	· ·	THE COLUMN TO A STATE OF THE COLUMN TO A STATE				
			State		Municipality:	e. Election Sum to Date				
						\$				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	/yyyy)	j. Amount	k. Required Remarks				
					S					
					3					
					\$					
4. Payee Inform	lation		Add		Remove					
	ng Address & Phone	 _	b. Coordinated Co	L		d. Comments				
	_		b. Coordinated Co	manitice iva	anic	u. Comments				
(include city, state,	& zip)		-							
					_ 					
			c. Level Registered	I (Specify)						
			Federal Federal		County:					
			State		Municipality:	e. Election Sum to Date				
						\$				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	/уууу)	j. Amount	k. Required Remarks				
					S					
					ļ. <u> </u>					
					\$					
5. Total only thi	is Page				ا	\$ 14.97				
	CRO-1310 Pages					J 14.77				
	line 13a of Detailed Sum	mary Page CRO-1100	t if Angrating Eyngn	eae)						
	line 13b of Detailed Sum				eal Commi	\$ 4,772.73				
	line 13c of Detailed Sum	-	=		•					
	es (List detailed exp			r L.xpenuau	resj					
A* - Media	B* - Printing	C* - Fund	·		D. T. A.	Lan Carallala				
E - Salaries	F* - Equipment					her Candidate				
I - Postage	J - Penalties		e Expenses			g Public Office Expenses				
O* - Other	y 2 on a to to begin by penter 1 and									
	e detailed explanati	on in required re	marks field (k)							

 N_0

	neral report and committee in to undate information	nformation	, must be signe	ed and sub	mitted along with	other deta	iled forms.		
Do not use this form to update information 1. Committee Information									
a. Full Name	mation					c. ID N	Number		
Bob Ward for City (Council						4D4NPQ		
b. Mailing Address (incl	ude City, State and Zip Code)					d. Date	e Filed		
2205 Woodridge Ct.							9/29/11		
Burlington, NC 272	15					e. Pho	ne Number		
						C. I no			
							336-227-1954		
2. Report Year	3. Period Start Date (mm/c	In/vvi	. Period End I nm/dd/yy)	Date	5. Treasurer Fu				
2012	7/27/11		09/27/11	1	Robert Marion V	Ward			
6. Type of Committe	ee (Check One)	9. Type o	f Report	(check on	ly one type of repo	rt from on	ne category)		
Candidate Campa		Municipal		State/C	And the second s	Refere			
PAC	Referendum		ganizational		Organizational		Organizational		
Independent Expenditure	Joint Fundraiser		irty-five day		Quarterly		Pre-referendum		
Legal Expense Fu 7. Type of Fund	(if applicable, check one)	Dro	e-primary		First		Final		
"Booster Fund"	(у иррисавіе, спеск впе)		e-election		Second		Final Supplemental Final		
Building Fund			runoff		Third		Annual		
			ni-annual	ΙĦ	Fourth		Special		
		П	Mid Year		Semi-annual				
Other:			Year End		Mid Year	10. SI	pecial Report Name		
		Fin	al		Year End		**************************************		
8. Number of Funda	aisers this Report	☐ Spe	ecial		Final				
	0				Special				
11. Account Informa	ation		11. /	Account I	nformation				
a. Financial Institution F	ull Name		a. Fir	nancial Inst	itution Full Name				
Sun Trust Bank									
b. Purpose	c. Account Code		b. Pu	ırpose		c. Ac	count Code		
Campaign	1								
Account									
	d. Period Begin Balance					d. Pe	riod Begin Balance		
	\$ 1,500					\$			
CERTIFICATION									
I certify that the Com	mittee or Fund is in compli	ance with a	Il applicable pr	rovisions o	of Article 22A, 22H	3, & 22D-	22M of Chapter 163 of		
the NC General Statu	tes and that no funds are co	mmingled	with prohibited	d or other i	non-disclosed fund	s. I furthe	r certify that this report		
	correct and that I have beer	trained by	the NG State E	-K W//	1.\ //				
Robert Mari			Lover		un Nard	09/29/11			
FOR OFFICE USE O	Printed Name of Signer		Signature	e of Appoint	ed Treasurer		Date		
	MINOLI			(,0		Deliver	Method		
Date Received:	4130111	En	nployee:	N	M		ormal Mail		
Date Postmarked	:	En	nployee:			R	egistered Mail and Delivered		
Date Scanned:	Management	En	nployee:			El El	lectronically Filed igner has not received		
Date Data Entere	d:	En	nployee:				andatory 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 States		•			ttaa ah	****		
	Tou must amend the state	Helit of Olg	anization (CRC	0-2100A-	L) to make commi	nee chang	,05.		

Disclosure Report Cover

Amendment

Amendment

Detailed SummaryUse 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	oort 3. ID Number				
Bob Ward for City Council	35 Day		4D4NQP			
	Municipal					
Start of Election Cycle: January 1,	2012	Total this Reporting Period	Total this Election Cycle			
4) Cash on Hand at Start		\$ 1,500	\$ -0-			
RECEIPTS		•				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 25.00			
6) Contributions from Individuals	(CRO-1210)	\$ 5,000.60	\$ 6,500.60			
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$			
8) Contributions from Other Political Committees	\$	\$				
9) Loan Proceeds	\$	\$				
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 Organizati	ions <i>(CRO-1250)</i>	\$	\$			
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, 1)	lc. 11d and 11e)	\$ 5,000.60	\$ 6,525.60			
<u>EXPENDITURES</u>						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 4,772.13	\$ 4,772.13			
13b) Contributions to Candidates/Political Commi	ttees (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)	\$.60	\$ 25.60			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15. 16 and 17)	\$ 4,772.73	\$ 4,797.73			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	btract line 18)	\$ 1,727.87	\$ 1,727.87			
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$				
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$				
23) Debts and Obligations owed To the Committee	(CRO-1620)	S				
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)	\$	s			
28) Contributions to be Refunded	(CRO-1215)	\$	\$			

		n Individuals		Pg	_1 of	1	Amendment Yes	t No
	 		_	or contributions unde	er \$50 if form CR			
	-	and Fund if applica	oie)			2. ID Num		
Bob War	d for City Council						4D4NQP	
3. Contr	ibutor Informatio	n		Add Ren	nove			
a, Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			Retired				
	Iarion Ward					_		
	odridge Ct.			c. Employer's Name/Sp	ecific Field			
Burlingto	on, NC 27215					F		
336-227-	1954					e. Election S	6,525.60	
f. Prior	g. Account Code	h. Form of Payment	i ln k	Lind Description	j. Date (mm/dd/yy	127	k. Amount	
L.J.								
	#1	Check	Casl	1	08/02/	I I	\$.60
	#1	Check	Con	tribution	09/02	/11	s	2,000.00
	#1	Cash	Cont	tribution	09/14/	/[]	\$	3,000.00
	ibutor Informatio			Add Ren	nove			<u> </u>
	nc, Mailing Address & city, state, & zip)	Phone		b. Job Title/Profession		d. Comments	S	
			·	c. Employer's Name/Sp	ecific Field			
						e. Election S	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
							\$	
							\$	
							\$	
3. Contri	butor Informatio	n		Add Ren	nove		1	
a. Full Nan	ae, Mailing Address &	Phone		b. Job Title/Profession		d. Comments	5	
(include	city, state, & zip)							
				c. Employer's Name/Spe	ecific Field			
						e. Election St	um to Date	
f. Prior	a Assourt Code	L. Farmer of Dayman	1: 1- 1	:	. D. ((11)	\$		
1. 1 1101	g. Account Code	h. Form of Payment	1. 111-15	Cind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		1,00	ļ				\$	
				****			\$	
							\$	
4. Total	l only this Page	2				\$		5,000.60

\$

5,000.60

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

					Amenament	
Disbursements	Pg	1	of	<u>5</u>	☐ Yes	No
Use this form to report expenditures from the committee for expending				لمصمم	: data / 1!4! 1	

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

1. Committee F	Full Name (and Fun			2. ID Number				
Bob Ward for City Council								4D4NQP
3. Type of Disb		ype of Disburser	ment <u>.)</u>					
Operating E				ates/Political Committee				ed Party Expenditures
4. Payee Inform				vdd [٦	Remove		
	ing Address & Phone			. Coordinated Committ	 tee Ng		d, Co	omments
(include city, state,	-		<u> </u>	Cuordinates Commission	tr	ane		Minutes
USPS	& zip)		-					
405 Maple Ave.			<u></u>	5 Deviatorad (Spec	· r \		\dashv	
Burlington, NC			<u>د.</u>	Level Registered (Spec	eny)		4	
Burnngton, ne	2/215		<u> </u>	Federal [긐	County:		
227 227 9200				State		Municipality:	e. Lie	ection Sum to Date
336-227-8309							\$	186.95
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy))	j. Amount	k, Re	equired Remarks
#1	Check #1006	I		08/29/11		\$54.95		
#1	Check #1014	[09/19/11		\$132.00		
4. Payee Inform	-ation			L .dd Γ		Remove		
		<u> </u>					1.0	
	ing Address & Phone		D.	Coordinated Committ	ee Na	ıme	d. Co	omments
(include city, state,			_					
Westbrook Stud			<u></u>					
1236 S. Church			€.	Level Registered (Spec	cify)			
Burlington, NC	27215			Federal [County:]	
				State	\boxtimes	Municipality:	e. Elo	ection Sum to Date
336-226-6474	336-226-6474						\$ 8	80.81
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy)	,	j. Amount	k. Re	equired Remarks
#1	Check #1004	В		08/22/11		\$80.81		npaign Photo
								
				·		\$		
4. Payee Inform	nation		Α	dd		Remove		
	ing Address & Phone			Coordinated Committee	ec Na		⊤d. Cc	omments
(include city, state,	0	į	o. Coordinated Committee Name				+	
Lowes Home Im			1					
125 Huffman M	•	1		Level Registered (Spec	:6,,		4	
Burlington, NC		į	1		11y)	O	\dashv	
Burnington, 140	27213	į	Federal County:			•		· · · · · · · · · · · · · · · · · · ·
227 227 8656		į		State	<u> </u>	Municipality:	e. E.ic	ection Sum to Date
336-226-5656							\$ 5	58.57
f. Account Code	g. Form of Payment	h. Purpose Code	Ť	i. Date (mm/dd/yyyy)	\neg	j. Amount	k. Re	equired Remarks
#1	Check #1009	A		09/11/11		\$58.57		i Accessorys
						\$		
	L	1	\perp			ı		
5. Total only thi							<u> </u>	326.33
	CRO-1310 Pages							
	line 13a of Detailed Sum						\$	4,772.13
	line 13b of Detailed Sum					•	Φ	4,772.13
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	0 if C	Coordinated Party Expen	nditur	res)		
7. Purpose Code	es (List detailed exp	penditure code in /	(h.)	above)				
A* - Media	B* - Printing	C* - Fund			-	D - To Anoth	ner Cand	didate
E - Salaries	F* - Equipment	G - Politic	cal Pa	Party		H* - Holding	g Public	c Office Expenses
1 - Postage	J - Penalties	K* - Offic	ce E	xpenses				egal Expense Fund
O* - Other								-
* Codes require	e detailed explanati	ion in required re	ema	rks field (k)				

Disburseme					Pg		<u>5</u>	Amendment Ves		No
Use this form to	report expenditures coordinated party ex	from the committe	tee fo	or; operating exper	ises,	contributions to	candida	te/political		
	ull Name (and Fun-	•						2. ID Number		
Bob Ward for C		u ii appneavie)					-	2. ID Number		
3. Type of Disbu			TRO.	-1310 forms for ea	ech t	one of Dichurcen	• and)			
Operating E:				tes/Political Committee				1 Party Expenditures		
4. Payee Inform			Ac		$\tilde{\Box}$	Remove	UIGHA	Truty Experience		
	ng Address & Phone			Coordinated Commit	<u> </u>		d. Cor	mments		
(include city, state,	=	ļ								
	ubs (DST Foods)		1							
2138 S. Church	•	ļ	c. I	Level Registered (Spe	cify)		1			
Burlington, NC		!	[Federal	Π	County:	1			
Ü		!		State	\boxtimes	Municipality:	e. Elec	ction Sum to Date		
336-226-8093		!					_			
		!					\$ 4	4.84		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy))	j. Amount	k. Req	quired Remarks		
#1	Check #1012	0		09/13/11		\$44.84	Food			
				0//15/11		944.04	Com	mittee Mtg.		
					:	\$				
4. Payee Inform	ation		Ad	id		Remove				
a. Full Name, Mailir	ng Address & Phone		b. (Coordinated Committ	tee Na	ime	d. Con	nments		
(include city, state, d	& zip)									
Alamance Coun	ty Board of Elec-		Ī							
tions		ĺ	c. I	Level Registered (Spec	cify)					į
115 S. Maple St.		!		Federal		County:	1			
Graham, NC 272	253	ļ		State	\boxtimes	Municipality:	e. Elec	ction Sum to Date		
227 570 7755							\$ 2.	5.60		
336-570-6755	P	h. Purpose Code				T				
f. Account Code	g. Form of Payment	n. rurpose Coue	+	i. Date (mm/dd/yyyy)		j. Amount	+	quired Remarks		
#1	Check #1002	В		08/02/11	ļ	\$25.60		of 2007 &		
							2009	Elections		
						\$				
4. Payee Inform	ation		Ad	ld		Remove	4		·	
	ng Address & Phone			Coordinated Committ	ee Na		d. Con	nments		
(include city, state, &	_						†	· · · · · · · · · · · · · · · · · · ·		
Sun Trust Bank			1							
2405 S. Church !	St.		c. I	.evel Registered (Spec	zify)		1			
Burlington, NC	27215	ſ		Federal [J	County:	1			
				State	\boxtimes	Municipality:	e. Elec	tion Sum to Date		
336-229-3000							\$ 20	6.00		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Req	uired Remarks		
#1	Bank statmen	0		08/31/11		\$26.00	Printi	ng of		
			_				Camp	paign Checks		
						\$				
5. Total only this	s Page						\$	96.44		

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)

<i>i</i> .	Pur	pose	Codes	(List	de	ta	ile	d expenditure	cod	e in	(h.) abo	ove)

J - Penalties

A* - Media B* - Printing
E - Salaries F* - Equipment

C* - Fundraising G - Political Party

K* - Office Expenses

D - To Another Candidate

\$

4,772.13

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

* Codes require detailed explanation in required remarks field (k)

I - Postage

O* - Other

					Amen	dment	
Disbursements	Pg	<u>3</u>	of	<u>5</u>		Yes	No
Use this form to report expenditures from the committee for operating as	moneae	contributi	one to	candid	lata/paliti	lool	

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

	ull Name (and Fun	d if applicable)				2. ID Number			
Bob Ward for City Council									
3. Type of Disb		ise use separate C	RO)-1310 forms for each t	vpe of Disbursen	nent.)			
Operating E				lates/Political Committees		pordinated Party Expenditures			
4. Payee Inform	nation		A	\dd	Remove				
a. Full Name, Maili	ing Address & Phone		b.	. Coordinated Committee N	ame	d. Comments			
(include city, state,									
	essional Supplies		1						
Inc.			c. Level Registered (Specify)			-			
805 E. Parker St	t		十	Federal	County:	4			
Graham, NC 27			-	State	· ·	- Floation Company Duto			
Otabain, NC 27	233		-	State	Municipality:	e. Election Sum to Date			
226 520 6422						\$ 2,351.87			
336-528-6432	T CD	I. D and Code	<u></u>						
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
#1	Check #1015	B		09/19/11	\$2,351.87	Pens, Signs,			
					\$2,551.07	Palm Cards, etc			
ا			1		C				
			1		\$				
4. Payee Inform	lation		\overline{A}	\dd \	Remove				
	ing Address & Phone		b. Coordinated Committee Name			d. Comments			
(include city, state,	5		-	Cool dillinia Collimates	atik	u. Comments			
Sign Crafters	& zip)		-						
_			\vdash			4			
2001 Maple Ave			c.	Level Registered (Specify)					
Burlington, NC	27215		L	Federal	County:				
				State 🖂	Municipality:	e. Election Sum to Date			
336-229-1205					·				
; 						\$ 1,014.13			
f. Account Code	g. Form of Payment	h. Purpose Code	\vdash	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
111111111111111111111111111111111111111	gi · vi iii vi z u j ········		\rightarrow	ti Ditte (miniade) j j j j	J. Amount	4'x6' Banners			
#1	Check #1007	В		08/29/11	\$507.07	4'xo Banners			
				 	-				
#1	Check #1008	В		09/02/11	\$507.06	4'x6' Banners			
		<u></u>			<u> </u>				
4. Payee Inform	ation		Add Remove						
a, Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name			d. Comments			
(include city, state,	& zip)								
Sign Crafters	·		1						
2001 Maple Ave	ē	!	-	Level Registered (Specify)		-			
Burlington, NC			H	_ · ···-	C	4			
Durnington, INC.	27213		-	☐ Federal ☐	County:				
			L	State 🔀	Municipality:	e. Election Sum to Date			
336-229-1205		I				\$ 1,661.41			
			L,			5 1,001.41 			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
73.4	0. 1.41011		\Box			4'x6' Banners			
#1	Check #1011	В		09/11/11	\$602.44	& Posters			
			\dashv		 	Posters			
#1	Check #1013	В		09/14/11	\$44.84	Posters			
	<u></u>	<u></u>			7				
5. Total only thi						\$ 4,013.28			
	CRO-1310 Pages								
(This line goes in	line 13a of Detailed Sum	ımary Page CRO-1100	0 if (Operating Expenses)		ው <i>4 77</i> 0 12			
(This line goes in	line 13b of Detailed Sum	ımary Page CRO-1100	0 if C	Contrib to Candidates/Politic	al Comm)	\$ 4,772.13			
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	0 if C	Coordinated Party Expenditu	ires)				
	es (List detailed exp					··			
A* - Media	B* - Printing	C* - Fund			D - To Anothe	ar Candidate			
E - Salaries	F* - Equipment					Public Office Expenses			
I - Postage	J - Penalties	K* - Offic		•		on to Legal Expense Fund			
O* - Other	v . v	** w*		Арсиосо	Q - Donatio	ii to negai expense i una			
	e detailed explanati	on in required re	emø	arks field (k)					

committees and	report expenditures coordinated party ex	penditures.	ee for; operating expe	Pg nses,	4 of contributions to	
	ull Name (and Fun	d if applicable)				2. ID Number
Bob Ward for C						4D4NQP
3. Type of Disb			<u>RO-1310 forms for e</u>		pe of Disbursen	nent.)
Operating E		Contributions to Can	didates/Political Committe	ees		pordinated Party Expenditures
4. Payee Inform	ation		Add		Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commi	ttee Na	me	d. Comments
(include city, state,	& zip)					
Office Depot			_			
1825 S. Church	St.		c. Level Registered (Sp	ecify)		
Burlington, NC	27215		Federal		County:	
			State	\boxtimes	Municipality:	e. Election Sum to Date
336-226-6122						\$ 131.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	·)	j. Amount	k. Required Remarks
1	Check #1003	0	08/15/11		\$61.74	Office Supplies
#1	Check #1005	0	08/22/11		\$70.25	Office Supplies
4. Payee Inform	ation		Add		Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commi	ttee Na	me	d. Comments
(include city, state,	& zip)	_				
Office Depot						
1825 S. Church	St.		c. Level Registered (Sp	ecify)		
Burlington, NC	27215		Federal		County:	
			State	\boxtimes	Municipality:	c. Election Sum to Date
336-226-6122						\$ 190.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy		j. Amount	k. Required Remarks

Disbursem Use this form to		from the committ	P tee for; operating expens		
committees and 1. Committee F	coordinated party ex Full Name (and Fun	xpenditures.	co for, operating expens	ses, continuations to	2. ID Number
Bob Ward for C		·			4D4NQP
3. Type of Disb			CRO-1310 forms for eac		ment.)
Operating F	expenses		ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inforn	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committe	e Name	d. Comments
(include city, state,					
FIA Card Servi					
P. O. Box 1501	9		c. Level Registered (Speci	ify)	
Wilmington, DI	E 19850-5019		Federal [County:	-
			State	Municipality:	e. Election Sum to Date
1-800-342-2309	9				\$ 14.97
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
#1	Check #1018	A	09/27/11	\$14.97	Payment for CampaignWebsite
				s	Campaign website
4. Payee Inform	⊥nation		Add F	Remove	
	ing Address & Phone		b. Coordinated Committe		d. Comments
include city, state,	_		Ur Coordinates Committee	C:Vanc	u. Comments
merane crept prices	а пр		-		
			c. Level Registered (Speci	fe)	┦ !
			Federal F	County:	-
			State	Municipality:	e. Election Sum to Date
					\$
Angount Code	a Form of Boumont	h. Purpose Code	i D. (/11/)		
. Account Code	g. Form of Payment	n. r ur pose Coue	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Inform	nation		Add	Remove	
ı. Full Name, Maili	ing Address & Phone		b. Coordinated Committee	e Name	d. Comments
include city, state,	& zip)				
			c. Level Registered (Specia	fy)	
			Federal	County:	7
			State	Municipality:	e. Election Sum to Date
					\$
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
		-		s	
5. Total only thi					\$ 14.97
Total of All	CPO-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.)	ab	ove

A* - Media B* - Printing E - Salaries

F* - Equipment

J - Penalties

C* - Fundraising

D - To Another Candidate

G - Political Party K* - Office Expenses H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

\$

4,772.13

I - Postage

Use this form to report non-monetary c Use CRO-1215 if In-Kind Contribution	ontributions, do	nations, go	ods or serv	vic lav	es provided to th	e comi	mittee or fund.		
1. Committee Full Name (and Fund i	2. ID	2. ID Number							
Bob Ward for City Council							4D4NQP		
3. Contributor Information	Add		Remove			·	······································		
a. Full Name, Mailing Address & Phone				b. Type of Contributor			c. Comments		
(include city, state, & zip)				Individual					
Robert Marion Ward	Candidate								
2205 Woodridge Ct.			_	ırty					
Burlington, NC 27215			PA			ļ			
336-227-1954					rendum r Receipt Source	d. Election Sum to Date \$ 25.60			
e. Description				_	f. Date (mm/dd/yy)	(y)	g. Fair Market Amount		
Print outs from Alamance County Board of Elections					08/02/11		\$.60		
							\$		
			-				\$		
3. Contributor Information	Add		Remove						
a. Full Name, Mailing Address & Phone			b. Type of	Co	entributor	c. Con	nments		
(include city, state, & zip)			Inc	div.	idual				
			Ca	ınd	idate				
			Pau	-					
			PA						
1					endum	d. Election Sum to Date			
			O1	her	Receipt Source	\$			
e. Description			f. Date (mm/dd/yyy	(y)	g. Fair Market Amount				
							\$		
							\$		
						\$			
3. Contributor Information	Add		Remove						
a. Full Name, Mailing Address & Phone			b. Type of	Co	ontributor	c. Con	iments		
(include city, state, & zip)			Ind	livi	idual		· · · · · · · · · · · · · · · · · · ·		
			ı 🚞		idate				
			Par	-					
			PA		4		4 C D .		
Referendum Other Receipt Source						d. Election Sum to Date			
				\$					
e. Description				4	f. Date (mm/dd/yyy	y)	g, Fair Market Amount		
					<u>.</u>		\$		
	<u> </u>						\$		
							\$		
4. Total only this Page			\$.60					
5. Total of ALL CRO-1510 Pages		· ·	60						
(This line must be on line 17 of Detailed Sum	nary Page CRO-11	00)				\$.60		

Pg

In-Kind Contributions

Amendment

1

Yes

No