

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 Bob Ward for City Council | c. ID Number 4D4NPQ |
| b. Mailing Address (include City, State and Zip Code) 2205 Woodridge Ct. Burlington, NC 27215 | d. Date Filed 01/11/12 |
| | e. Phone Number 336-227-1954 |

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2011 | 3. Period Start Date (mm/dd/yy) 10/25/11 | 4. Period End Date (mm/dd/yy) 12/31/11 | 5. Treasurer Full Name Robert Marion Ward |
|-------------------------------|--|--|---|

| | | | | |
|--|---|--|---|---|
| 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"/> Other: | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| | | <input checked="" type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| 0 | | | <input type="checkbox"/> Special | |

| | | | |
|--|--|------------------------------------|-------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name Sun Trust Bank | | a. Financial Institution Full Name | |
| b. Purpose Campaign Account | c. Account Code 1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 2,407.62 | | 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.

Robert Marion Ward

Printed Name of Signer

Robert Marion Ward

Signature of Appointed Treasurer

01/11/12

Date

FOR OFFICE USE ONLY

| | | |
|-------------------------------|---------------------|--|
| Date Received: <u>1-10-12</u> | Employee: <u>JG</u> | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: _____ | Employee: _____ | |
| Date Scanned: _____ | Employee: _____ | |
| Date Data Entered: _____ | Employee: _____ | |

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 3. ID Number | |
|--|--|-----------------------------|--|---------------------------|--|
| Bob Ward for City Council | | Semi-annual Year end | | 4D4NQP | |
| Start of Election Cycle: January 1, 2008 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 2,407.62 | | \$.00 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ | | \$ 25.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 500.00 | | \$ 13,000.60 | |
| 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 | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ | | \$ | |
| 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) | | \$ 500.00 | | \$ 13,025.60 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 2,012.30 | | \$ 12,105.28 | |
| 13b) Contributions to Candidates/Political Committees (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, 15, 16 and 17) | | \$ 2,012.30 | | \$ 12,130.28 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 895.32 | | \$ 895.32 | |
| 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) | | \$ | | \$ | |

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Robert Marion Ward 2205 Woodridge Ct. Burlington, NC 27215 336-227-1954 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 13,195.86 | |
| 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 | | 11/08/11 | | \$ 500.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | 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"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | 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"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 500.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 500.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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) Bob Ward for City Council | | | | | 2. ID Number 4D4NQP |
| 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> Alamance News 114 West Elm St. Graham, NC 27253 336-228-7851 | | | b. Coordinated Committee Name | | d. Comments |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 402.78 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| #1 | Check #1039 | A | 11/15/11 | \$ 67.13 | Thank you ad |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Western Charcoal Steak House 142 B Graham-Hopedale Rd. Burlington, NC 27215 | | | b. Coordinated Committee Name | | d. Comments |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 250.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| #1 | Check #1037 | O | 11/09/11 | \$250.00 | Election Night Reception |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Westbrook Studios 1236 S. Church St. Burlington, NC 27215 336-226-6474 | | | b. Coordinated Committee Name | | d. Comments |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 339.95 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| #1 | Check #1040 | O | 11/25/11 | \$ 172.94 | Supporter Photos |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 490.07 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 2,012.30 |
| <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 (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | G - Political Party | |
| I - Postage | | J - Penalties | | K* - Office Expenses | |
| O* - Other | | | | D - To Another Candidate | |
| | | | | H* - Holding Public Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * 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 |
| Bob Ward for City Council | | | | | 4D4NQP |
| 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> Office Depot 1825 S. Church St. Burlington, NC 27215 336-226-6122 | | | b. Coordinated Committee Name | | d. Comments |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | e. Election Sum to Date |
| | | | | | \$ 449.15 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| #1 | Check #1029 | K | 11/02/11 | \$77.90 | Office Supplies |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Oriental Trading Company SunTrust Check Card 2405 S.Church Street Burlington, NC 27215 336-229-3000 | | | b. Coordinated Committee Name | | d. Comments |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | e. Election Sum to Date |
| | | | | | \$ 57.99 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| #1 | Checkcard | O | 10/27/11 | \$ 57.99 | Campaign Hats |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> SunTrust Bank 2405 S. Church S Burlington, NC 27215 336-229-3000 | | | b. Coordinated Committee Name | | d. Comments |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | e. Election Sum to Date |
| | | | | | \$ 36.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| #1 | Bank Stateme | O | 12/31/11 | \$10.00 | Checking Mntce Fee |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 145.89 |
| 6. Total of ALL CRO-1310 Pages | | | | | |
| <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> | | | | | \$ 2,012.30 |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 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) | | | | | 2. ID Number |
| Bob Ward for City Council | | | | | 4D4NQP |
| 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 |
| The Times-News 707 S. Main St. Burlington, NC 27215 336-227-0131 | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 2,424.18 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| #1 | Check #1038 | A | 11/10/11 | \$ 129.22 | Thank you Ad |
| | | | | \$ | |
| 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 |
| Walmart 3141 Garden Rd. Burlington, NC 27215 336-584-6400 | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 122.53 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| #1 | Check #1030 | O | 11/02/11 | \$ 77.72 | Supplies for Poll Volunteers |
| #1 | Check #1036 | O | 11/07/11 | \$44.81 | Supplies for Poll Volunteers |
| 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 |
| It's Party Time 2322 S. Church St. Burlington, NC 27215 336-538-6864 | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 48.04 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| #1 | Check #1035 | O | 11/07/11 | \$48.04 | Election Night Reception |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 299.79 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 2,012.30 |
| <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 (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) | | | | | 2. ID Number |
| Bob Ward for City Council | | | | | 4D4NQP |
| 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 (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Alamance Professional Supplies 805 Parker St Graham, NC 27253 336-228-0950 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 3,193.57 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| #1 | Check #1028 | B | 10/27/11 | \$784.05 | Palm Cards/ Signs & Frames |
| #1 | Check #1031 | B | 11/05/11 | \$ 57.65 | Palm Cards |
| 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 | |
| The Signman 2738 Birch Lane Burlington, NC 27215 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 234.85 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| #1 | Check #1034 | B | 11/07/11 | \$234.85 | Stickers for Banners |
| | | | | \$ | |
| 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 | | | | | \$ 1,076.55 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 2,012.30 |
| <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 (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) | | | | | |