

North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification to Close Committee

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

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

TILED DI:		
Committee Name:	Bob Ward For City Council	
Гreasurer Name:	Robert Marian Ward	
Γreasurer Address:	2205 Woodridge Ct. Burlington, NC 27215	
(include city, state, & zip)	Burlington, NC 27215	
	- ,	
Treasurer Phone:	(336) 227-1954	
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I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

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

7/aa/16 Date Signed Robert M. Ward

07-22-16A10:47 RCVD

Disclosure Rep					Amendment Yes No
Do not use this form to	eral report and committee in oupdate information	information, must be	signed and sul	omitted along with	n other detailed forms.
1. Committee Inform	nation				
a. Full Name					c. ID Number
Bob Ward for City Co	ouncil				ND47GO
	de City, State and Zip Code)				d. Date Filed
2205 Woodridge Ct. Burlington, NC 2721:	5				07/22/2016
					e. Phone Number
					336-227-1954
2. Report Year 3	3. Period Start Date (mm/o	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer F	Full Name
2015	06/30/2016	07/2	22/2016	Robert Marior	n Ward
6. Type of Committe		9. Type of Report			oort from one category)
Candidate Campaig	- Incompany	Municipal		County	Referendum
PAC Independent	Referendum	Organizationa	-	Organizational	Organizational
Expenditure Legal Expense Fun	Joint Fundraiser	Thirty-five day	у	Quarterly	Pre-referendum
	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual Mid Year	.	Fourth Semi-annual	Special
Other:		Year End	-	Mid Year	10. Special Report Name
		Final		Year End	To: Special Report Frame
8. Number of Fundra	aisers this Report	Special		Final	
				Special	
11. Account Informa a. Financial Institution Fu			11. Account	Information stitution Full Name	
SunTrust Bank	ui ivaine		a. Financiai ins	Tun ivanic	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
	#	1			
	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 672.64				\$
CERTIFICATION					
the NC General Statut		ommingled with prob	nibited or other	non-disclosed fur	22B, & 22D-22M of Chapter 163 of nds. I further certify that this report
Robert Mario	on Ward				07/22/2016
	Printed Name of Signer	S	signature of Appoin	nted Treasurer	Date
FOR OFFICE USE ON	7/22/11	E1	(),	H	Delivery Method
Date Received:	1100116	Employee:		Northeast Commontain Commontain Common	Normal Mail Registered Mail
Date Postmarked:	PROCESSAR AND AND AND ADDRESS OF THE PROCESS OF THE	Employee:	BERNANDA SON FORDO	1.0	Hand Delivered
Date Scanned:	3/3/16	Employee:	action in the latest and the latest	UG	☐ Electronically Filed ☐ Signer has not received
Date Data Entere	d:	Employee:	application of the second	mandmanufurantesi yayaka sisilahanyayan	mandatory training
		an of books informat	tion, or accoun	t information.	ddress, treasurer, assistant treasurer,

		nts From the Committee mbursements, including contribut		a rotu	Pg 1	of <u>1</u>	iena <i>n</i> 	Yes 🛛 No	
1. Committee Full Na			.10118	S ICIU	ined to the contro	dto1.	2 1	D Number	
Bob Ward for City Council		ind if applicable)						47GO	
							<u> </u>		
3. Payee Information	1		Add	1 [Remove				
a. Full Name, Mailing Ad	dress & Phone			d. Ty	pe of Committee		h. C	Original Receipt Date	
(include city, state, & zi	ip)	· · · · · · · · · · · · · · · · · · ·			Candidate	PAC			
Robert Marion Ward			-		Referendum	Party	: 0	miginal Descint Amount	
2205 Woodridge Court Burlington, NC 27215			ŀ	e. Level Registered (Specify) Federal County:				riginal Receipt Amount	
Burnington, 14C 27213			l	State Municipality:			\$		
			ı	f. Pu	rpose Code		j. E	lection Sum to Date	
			Ī				\$ 7,593.18		
b. Job Title/Profession		c. Employer's Name/Specific Field	一	g. Co	mments		k. A	ccount Code	
Attorney		Self-Employed	\top		·d.		#1		
			\perp						
I. Form of Payment	m. Required R					n. Date (mm/dd/yy	уу)	o. Amount	
Check	Returned to cor	ntributor (candidate)				07/21/2016		\$ 672.64	
3. Payee Information	<u> </u>		Add	iГ	Remove			L	
a. Full Name, Mailing Ad					pe of Committee		h. C	Original Receipt Date	
(include city, state, & zi					Candidate	PAC			
			ヿ		Referendum	Party	Party		
			-				riginal Receipt Amount		
					Federal State	County: Municipality:	\$		
			Ļ	f. Purpose Code			j. Election Sum to Date		
							\$	**************************************	
b. Job Title/Profession		c. Employer's Name/Specific Field	\dashv	g. Comments			k. A	ccount Code	
l. Form of Payment	m. Required R	temarks		n. Date (mm/dd.			уу)	o. Amount	
								\$	
3. Payee Information)	П	Add	<u>і</u> Г	Remove	<u> </u>		k=	
a. Full Name, Mailing Ad-		-			pe of Committee		h. Original Receipt Date		
(include city, state, & zi			-	Candidate PAC					
			\neg		Referendum	Party			
			ļ	e. Le	vel Registered (Specif		i. O	riginal Receipt Amount	
					Federal	County:	\$		
					f. Purpose Code			j. Election Sum to Date	
			ŀ	I. Pu	rpose Coue		J. E.	icction Sum to Date	
L Tab Tial (Base)		Frank Nov. (See 18 - Fill	_	- C-			\$	Account Code	
b. Job Title/Profession		c. Employer's Name/Specific Field	\dashv	g. Co	mments		K. A	ceount Coue	
l. Form of Payment	m. Required R	kemarks				n. Date (mm/dd/yy	vv)	o. Amount	
•				****			• • /	\$	
4 00 4 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·					L		<u> </u>	
4. Total only this Pag							\$		
5. Total of ALL CRC L - Returned to Contribu		S (This line must be on line 16 of Detail M - Overpayment for Service	ied S	umma		Contribution Limit		<u> </u>	
P* - Reimbursement of * Codes require detailed of	In-Kind	O* Other			Exceded	COMPOSITOR DIRECT			

Amendment

1. Committee Info	rmation	ate information							
a. Full Name			****					c. 1	ID Number
Bob Ward for City	Counci								
									ND47GO
b. Mailing Address (in	-	, State and Zip Code)						d.]	Date Filed
2205 Woodridge C Burlington, NC 27									07/22/2016
Durington, 110 27								e. 1	Phone Number
									336-227-1954
2. Report Year	3 Per	iod Start Date (mm/	(dd/vv)	4. Period	End Date		5. Treasurer I	Full Nam	la la
2. Report I car	3. 1 61	Tod Start Date (mm/	uu/yy)	(mm/dd/yy)			Robert Marion		
2015		01/01/2016		06/3	0/2016		Robert Marion	waiu	
6. Type of Commi	tee (Ch	eck One)	9. Ty	pe of Report	(chec	ck only	v one type of rep	ort from	one category)
Candidate Cam	paign [Party	Munic	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		tate/Co		Re	ferendum
PAC Independent	L	Referendum		Organizational	-	named .	rganizational		Organizational
Expenditure		Joint Fundraiser		Thirty-five day	′	Q	uarterly		Pre-referendum
Legal Expense		licable, check one)	10	Pre-primary	-	7	First		Final
7. Type of Fund "Booster Fund"	(i) upp	ncuole, check one)	11	Pre-election		=	Second		Supplemental Final
Building Fund				Pre-runoff		j	Third		Annual
banascad				Semi-annual			Fourth		Special
				Mid Year	1	S	emi-annual		
Other:			H	Year End	L	4	Mid Year	10	. Special Report Name
8. Number of Fund	luaisana	this Donast	H	Final Special		J 5:	Year End inal		
o. Number of Fund	ii aisci s	this Report		Special			pecial		
11. Account Infor	nation		1		11. Acco		formation		
a. Financial Institution		e					ution Full Name		
SunTrust Bank									
b. Purpose		c. Account Code			b. Purpose		\$\frac{1}{2}\frac{1}{2	c	. Account Code
		#	1						
		d. Period Begin Balanc	e					d	. Period Begin Balance
		\$ 834.53						\$	
CERTIFICATION	1							The second second second	
									2D-22M of Chapter 163 of
								nds. I fur	ther certify that this report
Robert Ma		t and that I have bee	n traine		tate Board			07/2	2/2016
Robert Ivia		ed Name of Signer			gnature of A			01122	Date
FOR OFFICE USE	MARKET BERTHANNESS OF THE STREET	1 1				/	7//		
Date Received:		1/22/10		Employee:		16	H	Deliv	very Method
		warene de arrifeared bedrehalen from from a done vicens amount		PJ.	Australia	- Andrews	national propositions and the second	H	Normal Mail Registered Mail
Date Postmark	ed:			Employee:			matterial and appearant restricts.	H	Hand Delivered
Date Scanned:		8/3/16		Employee:		U	G	Ħ	Electronically Filed
					20,4000				Signer has not received mandatory training
Date Data Ente	red:			Employee:					

CRO-1000

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

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** Mid Year ND47GO Total this Total this 2012 **Start of Election Cycle:** January 1, **Reporting Period Election Cycle** 834.53 .00 Cash on Hand at Start RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 20.00 .00 \$ 7,573.18 (CRO-1210) \$ 6) Contributions from Individuals \$ 7) Contributions from Political Party Committees (CRO-1220) **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) 00 7,593,18 **12) TOTAL RECEIPTS** (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) EXPENDITURES 13) Disbursements (CRO-1310) 161.89 \$ 6,577.36 13a) Operating Expenditures \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) (CRO-1420) \$ 15) Loan Repayments \$ 16) Refunds/Reimbursements From the Committee (CRO-1320) \$ 343.18 17) **In-Kind Contributions** (CRO-1510) \$ \$ **TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 161.89 6,920.54 18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 672.64 672.64 19) ADDITIONAL INFORMATION Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) Debts and Obligations owed By the Committee (CRO-1610) \$ 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) \$ Contributions to be Refunded (CRO-1215)

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Pσ 1 of 2

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Amendment Yes

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

2. ID Number 1. Committee Full Name (and Fund if applicable) ND47GO Bob Ward for City Council (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Coordinated Party Expenditures Contributions to Candidates/Political Committees Operating Expenses 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Craig Ferguson c. Level Registered (Specify) 998 W. Scotsdale Road Federal County: Laurinberg, NC 28352 e. Election Sum to Date X Municipality: State 910-277-2910 14.99 k. Required Remarks g. Form of Payment h. Purpose Code j. Amount f. Account Code i. Date (mm/dd/yyyy) \$14.99 01/31/2016 #! Α Check \$ Add Remove 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Thomas, Ferguson & Mullins c. Level Registered (Specify) 119 East Main Street Federal County: Durham, NC 27701 e. Election Sum to Date State M Municipality: 919-682-5648 \$ 75.00 k. Required Remarks h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount f. Account Code В \$75.00 #1 Check 01/31/2016 Add Remove 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) SunTrust Bank c. Level Registered (Specify) 2405 S. Church Street Federal County: Burlington, NC 27215 冈 e. Election Sum to Date Municipality: State 336-229-3000 \$ 88.95 h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment Mo. Checking 01/31/2016 \$12.00 Bank Draft 0 #1 Mtnce. Fee Mo. Checking \$12.00 #1 Bank Draft O 02/29/2016 Mtnce. Fee 113.99 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 161.89 \$ (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) D - To Another Candidate A* - Media B* - Printing C* - Fundraising H* - Holding Public Office Expenses E - Salaries G - Political Party F* - Equipment O* - Donation to Legal Expensie Fund I - Postage J - Penalties K* - Office Expenses * Codes require detailed explanation in required remarks field (k)

Amendment **Disbursements** of <u>2</u> Pg

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. 1D Number									
Bob Ward for City Council ND47GO									
3. Type of Disbu	ırsement <u>(Plea</u>	se use separate C	CRO-1310 forms for each						
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Co	pordinated Party Expenditures				
4. Payee Inform	ation		Add 🔲	Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee	Name	d. Comments				
(include city, state,	& zip)								
SunTrust Bank									
2405 S. Church	St.		c. Level Registered (Specify	7)	7				
Burlington, NC			Federal	County:	_				
			State 🖂	Municipality:	e. Election Sum to Date				
					\$ 112.95				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
<i>u</i> 1	D-1 D-0		02/21/2016	612.00	Mo. Checking				
#1	Bank Draft	0	03/31/2016	\$12.00	Mtnce. Fee				
	n 1 n A		0.4/0.0/0.01.6	412.00	Mo. Checking				
#1	Bank Draft	0	04/30/2016	\$12.00	Mtnce. Fee				
4. Payee Inform	ation		Add	Remove	A STATE OF THE STA				
	ng Address & Phone		b. Coordinated Committee		d. Comments				
	-		Di Cool annated Committee	1100110					
(include city, state, SunTrust Bank	& zip)		1						
2405 S. Church	C4		a I and Desistant (Specific		-				
			c. Level Registered (Specify		\dashv				
Burlington, NC	27215		Federal	County:	YIL AL C. A. D.A.				
			State 🖂	Municipality:	e. Election Sum to Date				
336-229-3000					\$ 136.95				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
J. 4			5/01/0016	010.00	Mo. Checking				
#1	Bank Draft	О	5/31/2016	\$12.00	Mtnce. Fee				
					Mo. Checking				
#1 Bank Draft O			06/30/2016	\$12.00	Mtnce. Fee				
4. Payee Inform	ation		Add Remove						
	ng Address & Phone		b. Coordinated Committee		d. Comments				
•	-		Di Cooi umateu Committee	1 (team)					
(include city, state,	& zip)		-						
			I 15 16 16 16 16		\dashv				
			c. Level Registered (Specify		4				
			Federal	County:					
			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				
				\$					
				\$					
				•					
5. Total only th	is Page			-	\$ 48.00				
	CRO-1310 Pages								
	(This line goes in line 13a of Detailed Summery Page CRO-1100 if Operating Expenses)								
	-		00 if Contrib to Candidates/Pol	itical Comm)	\$ 161.89				
(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* - Fun		D - To Anot	her Candidate				
E - Salaries	F* - Equipment				g Public Office Expenses				
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund				
O* - Other			•	•	•				
* Codes requir	e detailed explanat	ion in required r	emarks field (k)						