Disclosure Re					Yes No
	eneral report and committee in to update information	nformation, must be	signed and sub	mitted along with o	other detailed forms.
1. Committee Info					
a. Full Name	mation				c. ID Number
Bob Ward for City	Council				
					ND47GO
	elude City, State and Zip Code)				d. Date Filed
2205 Woodridge C Burlington, NC 272					07/22/2016
Junington, 110 272					e. Phone Number
					336-227-1954
2. Report Year	3. Period Start Date (mm/d	dd/yy) 4. Period 1 (mm/dd/yy)	End Date	5. Treasurer Ful	
2015	10/20/2015	12/3	1/2015	Robert Marion V	
6. Type of Commit		9. Type of Report		The state of the s	rt from one category)
Candidate Camp	paign Party Referendum	Municipal Organizational	State/C	County Organizational	Referendum Organizational
Independent	Joint Fundraiser	Thirty-five day	hamend	Quarterly	Pre-referendum
Expenditure Legal Expense F		I mity-five day	,	Quarterly	
7. Type of Fund	(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	, L	Fourth Semi-annual	Special
Other:		Year End		Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fund	draisers this Report	Special		Final	
				Special	
11. Account Information			11. Account	Information titution Full Name	
a. Financial institution	Tun Name		a. Financiai ins	Titution Full Ivaline	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 1,456.49		-		\$
CERTIFICATION					
I certify that the Co	mmittee or Fund is in compl	iance with all applica	able provisions	of Article 22A, 22I	B, & 22D-22M of Chapter 163 of
	tutes and that no funds are co				ls. I further certify that this report
Robert Ma		• •	her Marin	f .t //	07/22/2016
	Printed Name of Signer		signature of Appoir	The state of the s	Date
FOR OFFICE USE	ONLY			NA-	Delivery Method
Date Received:	1122116	Employee:		UN	Normal Mail
Date Postmark		Employee:	Agrantipos e compressante	10	Registered Mail Hand Delivered Floature is the Filed
Date Scanned:	8/3/16	Employee:		JG	☐ Electronically Filed ☐ Signer has not received
Date Data Ente	ered:	Employee:			mandatory training
Planca Nota: Ti	his form cannot be used to ar	nend committee info	rmation such as	s the committee add	dress treasurer assistant treasurer.

custodian of books information, or account information.

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

Amendment

Amendment Yes

No

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

Use this form to summarize all disclosure reporting forms a	2. Type of Report	information.	3. ID Number
1. Committee Full Name (and Fund if applicable)	2. Type of Report		
Bob Ward for City Council	Year End		ND47GO Total this
Start of Election Cycle: January 1,	2012	Total this Reporting Period	i
4) Cash on Hand at Start		\$ 1,456.49	\$.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 20.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,931.29	\$ 7,573.18
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 Organiza	tions (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,	llc, lld and lle)	\$ 1,931.29	\$ 7,593.18
EXPENDITURES			
13) Disbursements			6.13.5.45
13a) Operating Expenditures	(CRO-1310)	\$ 2,371.96	\$ 6,415.47
13b) Contributions to Candidates/Political Comn	nittees (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)	\$ 181.29	\$ 343.18
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14	1, 15, 16 and 17)	\$ 2,553.25	\$ 6,758.65
19) Cash on Hand at End (Add lines 4 and 12 together, then.	subtract line 18)	\$ 834.53	\$ 834.53
ADDITIONALINKORMATION.			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campa	igns) (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)	\$	\$
CRO 1100		<u> </u>	August 2008

Contri	butions fron	n Individuals			Pg	<u>1</u> of	1_	Amendmen Yes	t No
Use this fo	orm to report indiv	vidual contributions o	ver \$50	or contrib	utions und	er \$50 if form CRO	O 1205 is no	ot used	
1. Comm	ittee Full Name (and Fund if applicat	ole)				2. ID Nur	nber	
Bob Ward	l for City Council							ND47GO	
3. Contri	butor Informatio	n		Add [nove	1.6	4-	
a. Full Nam	e, Mailing Address &	Phone			e/Profession		d. Commen	ŧs	
	city, state, & zip)			Attorney	,				
ł .	arion Ward odidge Ct.			c. Employe	er's Name/Sj	ecific Field	1		
	n, NC 27215			Self-Em					
Duringio	., .,						e. Election	Sum to Date	
							\$	7,547.55	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion	j. Date (mm/dd/y)	уу)	k. Amount	
	1	Check				10/22/2	015	\$	1,000.00
	1	Check				11/02/	2015	\$	750.00
	1	Cash	Time	es-News A	.d	11/11/	2015	135.66	
3. Contr	ibutor Informatio	on		Add	السيا	move			_l
a. Fuli Nar	ne, Mailing Address	& Phone			le/Profession	l	d. Commer	nts	
	city, state, & zip)			Attorne	У				
1	farion Ward			a Employ	er's Name/S	necific Field	-		
	oodridge Ct. on, NC 27215			Self-En		pecial riole	1		
Durinigu	n, NC 27213				· · · · · ·		e. Election	Sum to Date	
							\$	7,593.18	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	and Descrip	otion	j. Date (mm/dd/y	ууу)	k. Amoun	<u>t</u>
	1	Cash	Food	i,Flowers,	et	11/03/2	2015	\$	39.26
	1	Cash	Pape	er Goods		11/03/	2015	\$	6.37
								\$	
3. Contr	ibutor Informati	on		Add	Re	emove			
	me, Mailing Address			b. Job Tit	tle/Profession	n	d. Comme	nts	
	city, state, & zip)								
				c. Employ	yer's Name/S	Specific Field			
						-		6 4 B.4	
							e. Election	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i, In-	Kind Descri	ption	j. Date (mm/dd/	уууу)	k. Amoui	nt
								\$	
			_					\$	
								\$	

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

CRO-1210

NC State Board of Elections

April 2007

4. Total only this Page

5. Total of ALL CRO-1210 Pages

1,931.29

1,931.29

\$

\$

					Amend	lment
Disbursements		Pg	1	of <u>4</u>	\boxtimes	Yes
Digoui schients		1 '11 Companyation armanaga	- 	sutions to candida	te/nolitic	cal

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

1 Committee Fu	ll Name (and Fund	if applicable)						2. ID Number
Bob Ward for Ci								ND47GO
		o usa sanarata Ci	PΩ.	-1310 forms for each t	tvn	e of Disburseme	nt.)	
3. Type of Disbu		Contributions to Con	dida	tes/Political Committees	·/P	☐ Coo	rdinate	d Party Expenditures
Operating Ex		Contributions to Can				Remove		
4. Payee Informa	ation			dd 📗			d Co	mments
a. Fuli Name, Mailin	g Address & Phone		b.	Coordinated Committee N	Van	<u> </u>	u. Cu	minents
(include city, state, &	k zip)							1
Signarama of Bu	rlington							1
308 Huffman Mi	II Road		c.	Level Registered (Specify)				Ī
Burlington, NC 2	27215			Federal		County:		
,				State 🗵		Municipality:	e. Ele	ection Sum to Date
336-792-1030							\$ 2	2,844.90
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	Т	j. Amount	k. Re	quired Remarks
I. Account Couc	g. r or an or r ay areas				十		Yard	1 Signs
#1	Check	В	ı	10/21/2015		\$911.65		
					+		Dec	als &
#1	Check	В		10/29/2015		\$400.31	Paln	n Cards
4.70	- 42			dd 🔲		Remove	L	
4. Payee Inform				Coordinated Committee	Var		d. Co	omments
a. Full Name, Mailir			D.	Coordinated Committee	lai	arc	1	
(include city, state, &	& zip)							
Harold James							1	
404 Union Aven	ue		c.	Level Registered (Specify)	<u>) </u>		-	
Burlington, NC	27215		<u>L</u>	Federal		County:		
			L	State 🗵		Municipality:	e. El	ection Sum to Date
336-792-1030							<u> </u>	200.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. R	equired Remarks
M / Necount Cour	8. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.				1	0000 00	Rec	eption Food
#1	Check	0		10/22/2015		\$200.00		
					_			
					1	\$		
4. Payee Inform	ation		A	\dd		Remove	<u></u>	
				. Coordinated Committee	Na		d. C	omments
,	ng Address & Phone		-	. Cool dinated Committee	1 100		 	
(include city, state,	& zip)		-					
WBAG			-		_		-	
P. O. Box 2450			C.	c. Level Registered (Specify)				
Burlington, NC	27215		Federal County:			-		
				State 🗵		Municipality:	e. E	lection Sum to Date
							\$	
			1					
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		equired Remarks
	C1 1			10/22/2015		\$168.00	Pol	itical Ads
#1	Check	A		10/23/2015		\$108.00		
							1	
						\$		
5. Total only th	is Page			<u></u>		•	\$	1,679.96
	CRO-1310 Pages						1	
	line 13a of Detailed Sui	nmary Page CRO-111	90 i <i>t</i>	Operating Expenses)				2 271 06
				Contrib to Candidates/Poli	itic	al Comm)	\$	2,371.96
				Coordinated Party Expend			i	
	es (List detailed ex							
A* - Media	B* - Printing	C* - Fun				D - To Anot	ner Car	ndidate
A" - Media E - Salaries	F* - Equipment							lic Office Expenses
I - Postage	J - Penalties			Expenses				Legal Expense Fund
O* - Other	2 . WITHITTED	11 011						-
	re detailed explana	tion in required :	rem	arks field (k)				

Amendment \boxtimes **Disbursements** of <u>4</u>

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

1 Committee Fr	Ill Name (and Fund	if applicable)					2. ID Number
Bob Ward for Ci							ND47GO
		o uso sonarato C	RO	-1310 forms for each ty	pe of Disbursem	ent.)	
3. Type of Disbu				ntes/Political Committees	Coc	rdinate	d Party Expenditures
Operating Ex		Controllons to Call		dd	Remove		
4. Payee Inform	w			Coordinated Committee Na		d. Co	omments
a. Full Name, Mailir	9		υ.	COOL GINATER COMMITTEE 148			
(include city, state, &							
U. S. Post Office				Laval Ballaton 100 143		1	
405 Maple Aven			c.	Level Registered (Specify)	Count	1	
Burlington, NC	27215			Federal	County:		action Cum to Date
			LL	State 🗵	Municipality:	e. Eli	ection Sum to Date
800-275-8777						\$	294.00
			<u> </u>		1.,		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount		equired Remarks
#1	Check	I	1	10/27/2015	\$98.00	1	tage for
π1	CHOOK	•				Mai	ııng
					\$		
						<u></u>	
4. Payee Inform	ation			dd 🔲	Remove		
	ng Address & Phone		b.	Coordinated Committee Na	ıme	d. Co	omments
(include city, state,							
Whited Law Fir]	
344 Maple Aver			c.	Level Registered (Specify)]	
Burlington, NC			Γ	Federal	County:		
			17	State	Municipality:	e. El	ection Sum to Date
336-228-1433			广			1	
JJU-44U=14JJ						\$	25.00
f. Account Code	g. Form of Payment	h. Purpose Code	-	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
							ice Supplies
#1	Check	K		11/02/2015	\$25.00		••
						1	
					\$		
A Deve-1-6	Lation	<u> </u>	A	\dd \	Remove	<u></u>	
4. Payee Inform		<u></u>		. Coordinated Committee N		d. C	Comments
§	ing Address & Phone		10	· Sooi unuarea Committee IV		+===	
(include city, state,	& zip)		4				
Anne Brewer	Don-J		-	Lavel Decistant 40-18		7	
3640 Greenhill			C.	Level Registered (Specify)	Country	1	
Graham, NC 27	255		15	Federal	County:	- 571	lection Cum to Deta
			1	State 🗵	Municipality:	e. E	lection Sum to Date
336-376-6111						\$	238.00
	T :	T					
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount		lequired Remarks
#1	Check	0		11/02/2015	\$238.00	ı	cretarial
					-	Ser	vices
		1		5	\$		
					J -		
5. Total only th				waster and the second s		\$	361.00
6. Total of ALL	CRO-1310 Pages						
	i line 13a of Detailed Sur					\$	2.371.96
				Contrib to Candidates/Politic			
				Coordinated Party Expendite	ures)	<u> </u>	
7. Purpose Cod	les (List detailed ex						
A* - Media	B* - Printing	C* - Fun	ıdra	ising	D - To Anot		
E - Salaries	F* - Equipment			-			lic Office Expenses
I - Postage	J - Penalties	K* - Off	ice l	Expenses	Q* - Donati	on to l	Legal Expense Fund
O* - Other	n desellad 1	lian in manufact	••	owks field /l-1			
i " Codes requir	re detailed explanat	uon in required i	rem	arks Heid (K)			

Yes

Disbursements Pg 3 of

Amendment of 4 Yes

No

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

1 Committee F.	li Name (and Fund	if applicable)						2. ID Number
1. Committee Full Name (and Fund if applicable) Bob Ward for City Council								ND47GO
3. Type of Disbu		o uso soparato Cl	RO-	1310 forms for ea	ch tvi	e of Disbursem	ent.)	
Operating Ex		Contributions to Can	dida	tes/Political Committee	es	Coo	rdinate	d Party Expenditures
4. Payee Informs			Ac		1	Remove		
				Coordinated Commit	tee Nan	ne	d. Co	mments
a. Full Name, Mailin	-							
(include city, state, &	& ZIP)							
Ron Hodge 2711 Vinnings R	oad		c.	Level Registered (Spe	eify)		1	
		i		Federal	Π	County:	1	
Burlington, NC 2	2/213		=		$\overline{\boxtimes}$	Municipality:	e. Ele	ection Sum to Date
336-578-3419							\$	245.00
f. Account Code	g. Form of Payment	h. Purpose Code	ЬΤ	i. Date (mm/dd/yyyy))	j. Amount	k. Re	quired Remarks
			\dashv	1.1100016		6245.00	Foo	d for after
#1	Check	0	l	11/10/2015	- [\$245,00	elec	tion party
						¢.		
			l		1	\$		
4. Payee Inform	ation		Ā	dd		Remove		
	ng Address & Phone		b.	Coordinated Commit	ttee Na	me	d. C	omments
(include city, state,								
Melanie Brown			1]	
127 Burton Stree	et		c.	Level Registered (Spe	ecify)			
Graham, NC 272			T	Federal		County:	T	
Granam, NC 27	4 33		7	State	$\overline{\boxtimes}$	Municipality:	e. El	ection Sum to Date
336-266-3845			-				\$	50.00
f. Account Code	g. Form of Payment	h. Purpose Code	·	i. Date (mm/dd/yyyy	y)	j. Amount	k. R	equired Remarks
1. Account Code						Ren	noval of	
#1	Check	0		11/08/2015		\$50.00	larg	e signs
						6		
!						\$		
4. Payee Inform	nation		A	.dd		Remove		
	ing Address & Phone		b	. Coordinated Commi	ttee Na	me	d. C	omments
(include city, state,	_							
SunTrust Bank			7					
2405 S. Church	Street		c.	Level Registered (Sp	ecify)			
Burlington, NC			Federal County:					
Burmigion, 100	2,210		١Ē	State	$\overline{\boxtimes}$	Municipality:	e. E	lection Sum to Date
336-229-3000							\$	52.95
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. R	equired Remarks
#1	Bank Draft	0		10/31/2015		\$12.00		. Checking nce. Fee
#1	Bank Draft	0	-	11/30/2015		\$1200	Mo	. Checking
	<u></u>	<u> </u>				j		nce. Fee
5. Total only th							\$	319.00
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) \$ 2,371.96						2,371.96		
	line 13c of Detailed Su				penditi	ires)		
	les (List detailed ex					D T 4 :	har C	ndidata
A* - Media	B* - Printing	C* - Fur		-		D - To Anot		ndidate lic Office Expenses
E - Salaries I - Postage O* - Other	F* - Equipmen J - Penalties			Expenses				Legal Expense Fund
	re detailed explana	tion in required :	rem	arks field (k)				

Dish	nirs	em	en	ts

Yes Pg

Amendment

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

1. Committee Fu	ıli Name (and Fun	l if applicable)				2. ID Number
Bob Ward for C	ity Council					ND47GO
3. Type of Disbu		se use separate C	RO-1310 forms	for each ty	pe of Disbursem	ient.)
Operating Ex		Contributions to Can	didates/Political Co	ommittees	Co	ordinated Party Expenditures
4. Payee Inform		M	Add		Remove	
			b. Coordinated (Committee Na	ıme	d. Comments
	ng Address & Phone					
(include city, state,	& zip)					
SunTrust Bank	Gr		c. Level Register	red (Specify)		
2405 S. Church			Federal	ca (openiy)	County:	+
Burlington, NC	27215		! ≌	\boxtimes	Municipality:	e. Election Sum to Date
			State		municipality.	
336-229-3000						\$ 64.95
		h. Purpose Code	i Data (===)	dd/anges)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment	n, Purpose Coue	i. Date (mm/	uu/yyyy)	J. Amount	Mo. Checking
#1	Bank Draft	O	12/31/201	5	\$12.00	Mtnce. Fee
						Million 1 00
					\$	
	<u> </u>			— п	Pamova	
4. Payee Inform	ation		Add	<u></u>	Remove	d. Comments
a. Full Name, Maili	ng Address & Phone		b. Coordinated	Committee N	ame	g. Comments
(include city, state,	& zip)		4			
						-
			c. Level Registe	red (Specify)		4
			Federal	Ц	County:	70 4 6 4 7
			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
,	<u> </u>				\$	
					Φ	
					\$	
					D	
4. Payee Inform	nation		Add		Remove	
	ing Address & Phone		b. Coordinated	Committee N	lame	d. Comments
(include city, state	•					
tincinge city, state.	, ex 14p)		7			
			c. Level Registered (Specify)			
			Federal	T T	County:	
			State	H	Municipality:	e. Election Sum to Date
			<u> </u>			
]						\$
C Assessed Code	g Form of Downset	h. Purpose Code	i. Date (mm	/dd/yvvv)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment		. vatt (min			
					\$	
1					\$	
	<u> </u>				i	\$ 12.00
5. Total only the						Φ 12.00
6. Total of AL	L CRO-1310 Pages n line 13a of Detailed St	www.gen Dana CDA 11	M if Onosativa E-	nonces)		
	n line 13a of Detailed Si n line 13b of Detailed Si				ical Comm	\$ 2,371.96
	n line 13c of Detailed Si			arty Expendi	C3/	
	des (List detailed e				n To Ano	other Candidate
A* - Media	B* - Printing		ndraising ical Party			ng Public Office Expenses
E - Salaries	F* - Equipment J - Penalties		icai Party fice Expenses			tion to Legal Expense Fund
I - Postage O* - Other	J - renames	W OII	nce expenses		Q - Dyna	cion to notice nuthance a sense
	re detailed explana	tion in required :	remarks field ((k)		
Cours requi	VAPIMIN			<u> </u>		

Use this form to report non-monetary of	optributions don	ations o	ands or ser	l vic	Pg 1 of	e comr	☐ Yes ☒ No	
Use CRO-1215 if In-Kind Contribution						o com	inter or runa.	
1. Committee Full Name (and Fund	f applicable)	· · · · · · · · · · · · · · · · · · ·				2. ID	Number	
Bob Ward for City Council				-			ND47GO	
3. Contributor Information	Add		Remove					
a. Full Name, Mailing Address & Phone			b. Type o	of C	ontributor	c. Con	nments	
(include city, state, & zip)				ndiv	vidual			
Robert Marion Ward			™ o	Cand	didate			
2205 Woodridge Court			,	arty				
Burlington, NC 27215				AC	:			
					rendum	d. Ele	ction Sum to Date	
336-227-1954				Othe	er Receipt Source	\$ 181.29		
e. Description					f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
Times-News for Thank you Ad					11/11/2015	5	\$ 135.66	
Harris-Teeter - Food, Flowers, Baloon	S				11/03/201:	5	\$ 39.26	
It's Party Time - Paper goods					11/03/201	5	\$ 6.37	
3. Contributor Information	Add		Remove	ئـــــ				
a. Full Name, Mailing Address & Phone			b. Type o	f C	ontributor	c. Con	ments	
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