Amendment

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 Inform | ation | | | | | | |
|---|---|------------------|--|---------------|------------------|----------------|------------------------------------|
| a. Full Name | | | | | | | c. ID Number |
| BobW | Bob Ward for City Council ND 4760 Mailing Address (include City, State and Zip Code) d. Date Filed | | | | | | |
| | o. Mailing Address (include City, State and Zip Codé) d. Date Filed | | | | | | |
| 2205 Woo | dridge | ct. | | | | | 10/20/15 |
| Burlingto | n, NC | 27215 | | | | | e. Phone Number |
| | , | | | | | | 336-227-1954 |
| 2. Report Year 3. Per | riod Start | Date (mm/dd/ | yy) 4. Period | End Da | te (mm/dd/yy) | 5. Treasure | er Full Name |
| 2015 0 | 9/22 | 12015 | Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, | | | | t Marion Ward |
| 6. Type of Committee | ALPONOTE | | | eport (c | | type of repo | rt from one category) |
| Candidate Campaign | Party | | Municipal | | State/County | | Referendum |
| PAC | Waterward | rendum | Organization | | Organizati | ional | Organizational |
| Independent Expenditu | are Join | t Fundraiser | Thirty-five | | Quarterly | | Pre-referendum |
| Legal Expense Fund | | | Pre-primar | | First | | Final |
| 7 F 0 1 / | C 11 11 | , , | Pre-election | 1 | Seco | | Supplemental Final |
| 7. Type of Fund (i) Booster Fund | f applicable, | cneck one) | Pre-runoff | .1 | Third | | Annual |
| Building Fund | | | Semi-annu Mid Y | | formed | *** | Special Special |
| Dullding Fund | | | Year | | Semi-annu Mid | | 10. Special Report Name |
| Other: | | | Final | .mu | Year | | 10. Special Report Name |
| 8. Number of Fundra | isers this | Report | Special | | Final | Liiu | |
| o. I tumber of Lunara | INCLO CILIO | Report | Special | | Special | | 1 |
| 44 4 7 7 0 | | | | 12 | | | |
| 11. Account Informat a. Financial Institution Fu | | | and the second s | | count Inform | | |
| | ~~~~ | | | a. Filia | iciai msutution | run Name | |
| Sun Trust | | | | | | | |
| b. Purpose | | c. Account Co | | b. Purp | ose | | c. Account Code |
| Campaisi | 1 | # | 1 | | | | |
| Account | | d. Period Begi | n Balance | | | | d. Period Begin Balance |
| 1700000 | | \$ 90 | 99.75 | | | | \$ |
| CERTIFICATION | | | | | | | |
| I certify that the Comm | nittee or Fun | d is in compli | ance with all ap | plicable p | rovisions of Ar | ticle 22A, 22I | 3 & 22D-22M of Chapter 163 |
| of the NC General Stat | tutes and that | t no funds are | commingled w | ith prohib | ited or other no | n-disclosed fu | ands. I further certify that this |
| report is complete, true | e and correct | t and that I hav | e been trained | by the NC | State Board of | Elections. | |
| Dhat | m 11/2 | | 1 | 00.11 | M 11/2. | 1 | 10/00/2015 |
| Robert 1 | Name of Sign | ru | 10 | rew ! | Appointed Treas | | Date |
| FOR OFFICE USE O | OF MARKET PARKET PARKET | CI | | orginature of | Appointed Treas | surei | Date |
| FOR OFFICE USE (| JNL1 | 19115 | - | | 10 | Dal | ivowy Mothod |
| Date Received: | 10 | 119115 | Emp | loyee: | UG | – <u>Бе</u> | <u>ivery Method</u> Normal Mail |
| | | | | | | П | Registered Mail |
| Date Postmarked: | - | | _ Emp | loyee: | | - 國 | Hand Delivered |
| Date Scanned: | 10 | 127/15 | Emp | loyee: | JG | | Electronically Filed |
| Date Data Entered | | | | loyee: | | | Signer has not received |
| | | | | | | _ | mandatory training |
| Please Note: Th | | | | | | | mittee address, treasurer, |
| | | | | | nation, or acco | | |
| You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. | | | | | | | |

CRO-1000

NC State Board of Elections

August 2008

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

| 1. Committee Full Name (and Fund if applicable) | 2. Type of | Report | MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND | ID Number |
|--|-----------------|---|--|---------------------------|
| Bob Ward for City Council | Pre-e | lection | | ND 47G0 |
| Start of Election Cycle: January 1, 2012 | | Total Reportin | | Total this Election Cycle |
| 4) Cash on Hand at Start | | CARROLL SECTION AND ADDRESS OF THE PARTY OF | 99.75 | \$ -0- |
| RECEIPTS | | | 1 / / - | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | | \$ 20.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 2.0 | 60.64 | |
| 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) | \$ | Miller Hand State of the State | \$ |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ | *************************************** | \$ |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ | | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c, | 11d and 11e) | \$ 2,00 | 0,64 | \$ 5,661,89 |
| <u>EXPENDITURES</u> | | | | |
| 13) Disbursements | | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 1,5 | 31.26 | \$ 4,031.51 |
| 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) | \$ | 60.64 | \$ 161.89 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13 | 5, 16 and 17) | \$ 150 | 91.90 | \$ 4,193.40 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then sub | otract line 18) | \$ 1,46 | 8,49 | \$ 1,468,49 |
| 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) | \$ | | \$ |
| A | (CRO-2220) | \$ | | \$ |
| 28) Contributions to be Refunded | (CRO-1215) | \$ | | \$ |

| | | rom Individua | | Pg | O amendment on and | Yes No |
|--|--|------------------------|--------------------|---|---------------------|-------------------------------|
| THE RESERVE OF THE PARTY OF THE | | individual contributio | | ontributions und | der \$50 if form CI | |
| | | ne (and Fund if app | | | | 2. ID Number |
| <u> </u> | Bob War | d for City | Council | | | ND47GO |
| 3. Cont | tributor Inform | ation | | | emove | T- ~ . |
| 100 | ame, Mailing Addro le city, state, & zip) | | | b. Job Title/Profe | | d. Comments |
| | | arien Ward | | AHorn | e / | |
| ' | • () | odridge ct | | c. Employer's Na | me/Specific Field | |
| | | N, NC 2721 | 15 | 1010-0 | mployed | e. Election Sum to Date |
| 1 | 336 227 | Mr. C. | \$ 5,661.89 | | | |
| f. Prior | | h. Form of Payment | ption | j. Date (mm/dd/yyy | 3/0011 01 | |
| | #1 | | Supplies for | *************************************** | | |
| | ĦI | In-kind Check | | 1 | 10/15/201 | 15 \$ 60.64 15 \$ 2,000.00 |
| | | | | | | \$ |
| 3. Cont | ributor Informa | ation | | Add Re | emove | |
| The second second second | ame, Mailing Addre | ess & Phone | | b. Job Title/Profe | ession | d. Comments |
| (Includ | le city, state, & zip) | | | | | |
| | | | | c. Employer's Na | me/Specific Field | |
| | | | | | | 771 41 C 4- D-4- |
| | | | | | | e. Election Sum to Date |
| | · | | | | | \$ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | otion | j. Date (mm/dd/yyy | yy) k. Amount |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | ributor Informa | | | | move | |
| | ame, Mailing Addre le city, state, & zip) | ss & Phone | | b. Job Title/Profe | ssion | d. Comments |
| (IIICIUG | e city, state, ex zip) | | | | | |
| | | | | c. Employer's Na | me/Specific Field | |
| | | | | | | e. Election Sum to Date |
| | | | | | | |
| | г | T | T | | · | \$ |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | ition | j. Date (mm/dd/yyy | yy) k. Amount |
| | | | | | | \$ |
| | , | | | | | \$ |
| | | | | | | |
| | | | | | | \$ |
| | al only this Pa | age | | | | \$ 2060.64 |

Amendment

| In-Kind Contributions | | , | 3 | Amendment |
|---|---|---------------------|---------|----------------------|
| Use this form to report non-monetary contributions, donations, good | Pg ods or services prov | vided to the commit | | Yes No |
| Use CRO-1215 if In-Kind Contributions were or will be refu | inded within 7 da | ys. | ice or | runa. |
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID | Number |
| Bob Ward for City Conneil | | | N | D4760 |
| 3. Contributor Information | | move | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contri | butor | c. Con | nments |
| Robert Marion Ward | ✓ Candidate | | | |
| 2205 Woodridge Ct. | Party | | | |
| Burlington, NC | PAC Referendum | | d Flo | ction Sum to Date |
| | Other Receip | t Source | | |
| 336-227-1954 | | | \$ | 141.89 |
| e. Description | | f. Date (mm/dd/yyy | /y) g | . Fair Market Amount |
| Walmart - Supplies for Primary | | 10/05/20 | 15 | \$ 60.64 |
| | *************************************** | | | \$ |
| | | | | \$ |
| 3. Contributor Information | Add Re | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contri | butor | c. Con | nments |
| (include city, state, & zip) | Candidate | | | |
| | Party | | | |
| | PAC | | 3 721 | d'a Santa Data |
| | Referendum Other Receipt | Source | | ction Sum to Date |
| | _ ` | | \$ | |
| e. Description | | f. Date (mm/dd/yyy | y) g. | . Fair Market Amount |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 3. Contributor Information | Add Rei | move | | |
| a. Full Name, Mailing Address & Phone | b. Type of Contri | butor | c. Com | nments |
| (include city, state, & zip) | Individual Candidate | | | |
| | Party | | | |
| | ☐ PAC | | | 1 |
| | Referendum | | d. Elec | ction Sum to Date |
| | Other Receipt | Source | \$ | |
| e. Description | | f. Date (mm/dd/yyy | y) g. | . Fair Market Amount |
| | | , | : | \$ |
| | | | : | \$ |
| | | | ! | \$ |
| 4. Total only this Page | | | \$ | 60.64 |
| 5. Total of ALL CRO-1510 Pages | | | \$ | 10 111 |

\$

| Disbursements | Disl | oursem | ents |
|----------------------|------|--------|------|
|----------------------|------|--------|------|

| | | :0 | Amendment | |
|----|----|----|-----------|-------|
| Pg | of | 2 | ☐ Yes | No 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 | Full Name (and Fun | d if applicable) | | | | 2. ID Number |
|--|--|------------------------|-------------|----------------|---|--------------------------------|
| Bob W | ard for Ci | | | | | ND4760 |
| 3. Type of Disb | oursement (Please | e úse separate CI | RO-1310 | | CONTRACTOR OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER. | |
| Operating Exp | | ntributions to Candida | ates/Politi | | CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE | ordinated Party Expenditures |
| 4. Payee Inform | | | Ц | Add | Remove | |
| | Iailing Address & Ph | ione | | b. Coordinate | ed Committee Nam | ne d. Comments |
| (include city, state, | | | , | | | |
| - | rama of Bur Walman Mill I | | C | c. Level Regi | stered (Specify) County: | |
| | • | | | State | Municipa | |
| | 19 ton, NC 2 792-1030 | 1210 | | | | \$ 1,532,94 |
| | g. Form of Payment | h. Purpose Code | li Date (| (mm/dd/yyyy) | T: Amount | k. Required Remarks |
| # 1 | Check | - | | | | |
| | | B | | | \$ 192.16 | Devals Palm Cards |
| #1 | Check | | 10/1 | Manager 1 | \$ 51.77 | Decals |
| 4. Payee Inform | | | Ц | Add | Remove | T |
| a. Full Name, Maili (include city, stat | ing Address & Phone | | | b. Coordinate | ed Committee Nam | d. Comments |
| | | 1 A Flant | -1 / | | | |
| Alamance County Board of Elections c. Level Registered (Specify) | | | | | | |
| 115 Ma | ple Street | | | ☐ Federal | County: | |
| Grahan | 1, NC 33278 | 253 | | State | Municipa | ality: e. Election Sum to Date |
| | 70-6755 | | | | | \$ 51.20 |
| | g. Form of Payment | h. Purpose Code | li Date (| (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| # 1 | | D O | | | | 4 |
| | Check | U | 10/1. | 5/2015 | 3 25,60 | CDot Primary Election |
| | | | | | \$ | |
| 4. Payee Inform | | | | Add | Remove | |
| | ing Address & Phone | | | b. Coordinate | ed Committee Name | d. Comments |
| (include city, stat | | | | - | | |
| Times | | | | c. Level Regis | stered (Specify) | |
| 7075.1 | nain St. | | | Federal | County: | |
| Burling | toN, NO 275 | 1/5 | | State | Municipa | ality: e. Election Sum to Date |
| | 27-0131 | | | | | \$ 895.00 |
| | g. Form of Payment | h. Purpose Code | i. Date (1 | mm/dd/yyyy) | j. Amount | k. Required Remarks |
| #1 | Check | A | 10/13 | 5/2015 | \$ 895.00 | Decal for Nov. 2 |
| | Citeris | | 1-1. | | \$ | Octor (Co representation |
| 5. Total only thi | ia Daga | | | | Ψ | 0 111112 |
| | | | | | | \$ 1,164.53 |
| | CRO-1310 Pages | P CDO 11 | 00 100 | | | / |
| | line 13a of Detailed Sun line 13b of Detailed Sun | | | | | \$ 1,531.26 |
| 3 | line 13c of Detailed Sun | | | | | |
| Bertiner transport of the Control of | odes (List detailed | | | | DAP VIII. | |
| A* - Media | B* - Printing | | | undraising | D - To | Another Candidate |
| E - Salaries | F* - Equip | 0 | | litical Party | | olding Public Office Expenses |
| I - Postage | J - Penalti | | | ffice Expens | | onation to Legal Expense Fund |
| O* Other | | | | - | | |
| * Codes requir | e detailed explanati | on in required r | emarks | field (k) | | |

| W O | 1 | | | |
|-------|------|------|----|-----|
| II Du | chi | urse | mo | nte |
| | 3111 | | | |

| | | | | Amendment | t |
|----|---|----|---|-----------|-------|
| Pg | 2 | of | 2 | ☐ Yes | No 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 | ull Name (and Fun | d if applicable) | | | | 2. ID Number | | |
|--|--|------------------------|-------------------|----------------|---------------------------|--------------------------------|--|--|
| Bobu | lard for Ci | to Counci | / | | | ND 47G0 | | |
| 3. Type of Disb | ursement (Please | e use separate CI | RO-1310 | forms for e | each type of Disb | pursement.) | | |
| Operating Exp | enses | ntributions to Candida | ates/Politic | cal Committees | Coo | ordinated Party Expenditures | | |
| 4. Payee Inforn | nation | | | Add | Remove | | | |
| a. Full Name, M | ailing Address & Ph | one | | b. Coordinate | ed Committee Name | e d. Comments | | |
| (include city, state, | & zip) | | | | | | | |
| Office | | | | c. Level Regi | stered (Specify) | | | |
| 1825 | 3. Church St | | | Federal | County: | | | |
| Burling | StON, NC 27 | 1215 | | State | Municipa Municipa | ality: e. Election Sum to Date | | |
| 336 - 2 | 26-6122 | | | | | \$ 170,73 | | |
| | g. Form of Payment | h. Purpose Code | i. Date (| mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| #1 | Check | K | 10/1 | 7/2015 | \$ 170.73 | Office supplies | | |
| | | | | | \$ | | | |
| 4. Payee Inforn | nation | | | Add | Remove | | | |
| a. Full Name, Mail | ing Address & Phone | | | b. Coordinate | ed Committee Name | e d. Comments | | |
| (include city, stat | e, & zip) | | · | | | | | |
| U.S.P. | S. | | | . Il D | -t1 (C | | | |
| | naple Ave | | | Federal | stered (Specify) County: | | | |
| 700 | 1100012 11007 | 215 | | State | Municipa | ality: e. Election Sum to Date | | |
| | iston, Ne 27 | | | | 74 p. | | | |
| | 275-8777 | | | | | \$ 196.00 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (| mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| # | Check | 10/11/20 | | | \$ | | | |
| #1 | Check | I I | 10/1 | 7/2015 | \$ 196.00 | Postage | | |
| 4. Payee Inforn | | | | Add | Remove | | | |
| | ing Address & Phone | | | b. Coordinate | ed Committee Name | d. Comments | | |
| (include city, stat | e, & zip) | - | | | | | | |
| | | | | a I aval Dagi | stered (Specify) | | | |
| | | | | Federal | County: | | | |
| | | | | State | grovena | ality: 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 | _ | | | | \$ 366,73 | | |
| 6. Total of ALI | CRO-1310 Pages | | | | | \$ 366,73 \$ 1,531,26 | | |
| | line 13a of Detailed Sur | nmarv Page CRO-11 | 00 if Ope | rating Expense | es) | 6 1 531 26 | | |
| (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 | (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | | |
| 7. Purpose Co | odes (List detailed | expenditure cod | e in (h.) | above) | | | | |
| A* - Media | B* - Printi | | | undraising | D - To | Another Candidate | | |
| E - Salaries | F* - Equip | | | litical Party | | olding Public Office Expenses | | |
| I - Postage | J - Penalti | es | K* - O | ffice Expen | ses Q* - De | onation to Legal Expense Fund | | |
| O* Other | | _ | igaliyo:Billaguni | | | | | |
| * Codes requir | e detailed explanat | ion in required i | remarks | field (k) | | | | |