Amendment 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 Information a. Full Name c. ID Number ND47GO **Bob Ward for City Council** d. Date Filed b. Mailing Address (include City, State and Zip Code) 2205 Woodridge Court 01/15/2016 Burlington, NC 27215 01-15-16A09:29 RCVD e. Phone Number 336-227-1954 4. Period End Date 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) (mm/dd/yy) Robert Marion Ward 12/31/2015 2015 10/20/2015 9. Type of Report (check only one type of report from one category) 6. Type of Committee (Check One) Referendum Candidate Campaign Municipal State/County Party Organizational Organizational Referendum Organizational PAC Ш Independent Joint Fundraiser Thirty-five day Quarterly Pre-referendum Expenditure Legal Expense Fund 7. Type of Fund First Final (if applicable, check one) Pre-primary Supplemental Final "Booster Fund" Pre-election Second Pre-runoff Third Annual **Building Fund** Semi-annual Fourth Special Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Year End Final Final Special 8. Number of Fundraisers this Report Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name SunTrust Bank c. Account Code c. Account Code b. Purpose b. Purpose Campaign #1 Account d. Period Begin Balance d. Period Begin Balance \$ 1,456.49 **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. 01/15/2016 Robert M. Ward Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Delivery Method 1-15-16 Employee: Date Received: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered **Electronically Filed** -25-2014 Date Scanned: Employee: Signer has not received mandatory training Employee: Date Data Entered:

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.

No

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			3. ID Nu	mber
Bob Ward for City Council	Semi-annual Year	End		ND47G0)
Start of Election Cycle: January 1,	2012		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	1,456.49	\$.00
RECEIPTS				<u> </u>	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	20.00
6) Contributions from Individuals	(CRO-1210)	\$	1,750.00	\$	7,391.89
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,	11c, 11d and 11e)	\$	1,750.00	\$	7,411.89
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	2,378.96	\$	6,422.47
13b) Contributions to Candidates/Political Comm	ittees (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,	, 15, 16 and 17)	\$	2,560.25	\$	6,765.65
19) Cash on Hand at End (Add lines 4 and 12 together, then s.	ubtract line 18)	\$	646.24	\$	646.24
ADDITIONAL INFORMATION				(Carrieres)	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campai	gns) (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)	\$		\$	

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Pg	1	of	1_		Yes	\boxtimes	No

Amendment

Use this form to report individua	1 contributions over \$50	or contributions under \$50	0 if form CRO 1205 is not used
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1. Comm	ittee Full Name (and Fund if applical	ble)					2. ID Num	ber	
Bob Ward	l for City Council								ND47GO	
3. Contri	butor Informatio	n		Add		Rem	ove			
a. Full Nam	e, Mailing Address &	k Phone		b. Job Ti	tle/Pro	fession		d. Comments		
	city, state, & zip)			Attorne	ey					
	arion Ward									
	odridge Court						cific Field			
Burlingto	n, NC 27215			Self-en	npioy	ed		. 101 - 41 C	4. D.4.	
336-227-	1054							e. Election Su	m to Date	
330-227-	1934							\$	7.411.89	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ntion		j. Date (mm/dd/yy	vv)	k. Amount	
			1		P 44 6 15					1 000 00
	#1	Check					10/22/20	113	\$	1,000.00
	#1	Check					11/02/2	015	\$	750.00
									\$	
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3. Contri	butor Informatio	n		Add		Rem	ove			
a. Full Nam	e, Mailing Address &	& Phone		b. Job Ti	tle/Pro	fession		d. Comments		
(include	city, state, & zip)	<u></u>								
				c. Emplo	yer's N	ame/Spe	cific Field			
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		Γ	T					\$		
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	of ALL CRO	-						\$		1,750.00
(This line	must be on line 6 of l	Detailed Summary Page C	RO-1100,)				. •		_,

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

Bob Ward for City Council ND47GO ND47GO ND47GO NT94 To ND47GO NT94 To ND47GO NT94 To ND47GO NT94 To ND47GO ND47G	1. Committee F	ull Name (and Fun	d if applicable)						2. ID Number
3. Type of Disbursement					***************************************				ND47GO
A Payee Information			so uso sonarato (RO	1310 forms for each	le to	ne of Dishurser	nent)	
Add						-			d Party Evnenditures
Description			Contributions to Cal			7		- Jordinace	a raity Expenditures
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Signaram of Burlington Size Siz		-		b.	Coordinated Committe	e Na	me	d. Co	mments
C. Lovet Registered (Specify) Federal County C. Election Soun to Date				1					
Burlington, NC 27215	Signarama of B	urlington				_			
Since	308 Huffman M	Iill Road		c.	Level Registered (Speci	fy)			
Since	Burlington, NC	27215		Г	Federal	7	County:	7	
S. 2,844.90 S. 2,378.96	Ů,			١Ē	7 State 5	র	Municipality:	e. Ele	ection Sum to Date
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Burlington, NC 27215 Federal County: C. Election Sum to Date				ļ				_	
State Municipality: e. Election Sum to Date	404 Union Aver	nue		c.	Level Registered (Speci	fy)		_	
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#1 Check O 10/22/2015 \$200.00 Reception Food 4. Payee Information	f Account Code	g Form of Payment	h. Purpose Code	1	i. Date (mm/dd/vyyy)		i. Amount	k. Re	equired Remarks
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A. Payee Information									
A. Payee Information							\$		
B. Coordinated Committee Name d. Comments							*		
(include city, state, & zip) WBAG P. O. Box 2450 Burlington, NC 27215 C. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date \$ 168.00 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks #1 Check A 10/23/2015 \$168.00 f. Total only this Page \$ 1,679.96 f. 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 13c 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) A* - Media B* - Printing C* Fundraising D - To Another Candidate E - Salarics F* - Equipment G - Political Party H* - Holding Public Office Expenses O* - Other	4. Payee Inform	ation		Α	dd		Remove		
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f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Political Ads 5. Total only this Page 5. 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) 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 1 - Postage J - Penalties K*-Office Expenses Q*-Donation to Legal Expense Fund O*-Other	336-226-1150			ł				•	168 00
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 \boxtimes

No

					Amendment		
Disbursements	Pg	2	of	4	Yes	\boxtimes	N
Use this form to report expenditures from the committee for; operating e	expenses,	contri	ibutions to	can	didate/political		

committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number **Bob Ward for City Council** ND47GO 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Operating Expenses Coordinated Party Expenditures 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) U.S. Post Office 405 Maple Avenue c. Level Registered (Specify) Burlington, NC 27215 Federal County: State Municipality: e. Election Sum to Date 800-275-8777 294.00 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Postage for #1 Check I 10/27/2015 \$98.00 Mailing \$ 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Whited Law Firm 344 Maple Avenue c. Level Registered (Specify) Burlington, NC 27215 Federal County: State Municipality: e. Election Sum to Date 336-228-1433 25.00 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Office Supplies #1 Check K 11/2/2015 \$25,00 Add 4. Payee Information Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Anne Brewer 3640 Greenhill Road c. Level Registered (Specify) Graham, NC 27253 Federal County: X State Municipality: e. Election Sum to Date 336-376-6111 245.00 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Secretarial #1 Check 0 11/02/2015 \$245.00 Services \$ \$ 368.00 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) \$ 2,378.96 (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) 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 committees and coordinated party expendi		3 contrib	of butions to	_	Amendment Yes idate/political	\boxtimes	No
1. Committee Full Name (and Fund if a	pplicable)				2. ID Number		
Bob Ward for City Council		· ·····					
3. Type of Disbursement (Please us	e separate CRO-1310 forms for each t	vpe of	Disburser	nent.)			

1. Committee F	ull Name (and Fun	d if applicable)				2. ID Number
Bob Ward for C	ity Council					
3. Type of Disbu	ursement (Plea	se use separate C	RO-1310	forms for each	type of Disbursen	nent.)
Operating E		Contributions to Ca				oordinated Party Expenditures
4. Payee Inform	ation	П	Add		Remove	
	ng Address & Phone		T	nated Committee N		d. Comments
(include city, state,	_					
Ron Hodge	oc zip)		1			
2711 Vinnings I	Road		c Laval D	egistered (Specify)		-
Burlington, NC				deral	County:	-
Durington, INC	21213				•	e. Election Sum to Date
226 579 2410			Sta	ite 🔼	Municipality:	e. Election Sum to Date
336-578-3419			1			\$ 245.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Required Remarks
#1	Check	О	11/10	0/2015	\$245.00	Food for after
#1	CHECK		11/10	7/2013	\$243.00	election party
					\$	
4. Payee Inform	ation	<u> </u>	Add			
			r	nated Committee N	Remove	d. Comments
	ng Address & Phone		D. Coordii	lated Committee N	ame	d. Comments
(include city, state,	& zip)		-			
Melanie Brown						_
127 Burton Stre				egistered (Specify)		_
Graham, NC 27	253			deral	County:	
			Sta	ate 🔲	Municipality:	e. Election Sum to Date
336-266-3845	336-266-3845					\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Required Remarks
			1.100	· · · · · · · · · · · · · · · · · · ·	4.50.00	Removal of
#1	Check	О	11/08	3/2015	\$50.00	large signs
					\$	
4. Payee Inform	ation		Add		Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordin	nated Committee N	lame	d. Comments
(include city, state,	& zin)					
SunTrust Bank			1			
2405 S. Church	Street		c. Level R	egistered (Specify)	· · · · · · · · · · · · · · · · · · ·	
Burlington, NC			Federal County:			
			∏ Sta	ate 🖂	Municipality:	e. Election Sum to Date
336-229-3000				<u></u> K-3		
						\$ 52.95
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Required Remarks
#1	Bank Draft	О	10/31	/2015	\$12.00	Mo. checking
						Mtnce Fee
#1	Bank Draft	О	11/30	0/2015	\$12.00	Mo. checking
						Mtnce Fee
5. Total only thi						\$ 319.00
	CRO-1310 Pages					1
	line 13a of Detailed Sun	• -		- •		\$ 2,378.96
	line 13b of Detailed Sun		-			•
	line 13c of Detailed Sun				ures)	· · · · · · · · · · · · · · · · · · ·
	es (List detailed ex)		
A* - Media	B* - Printing	C* - Fund			D - To Anoth	
E - Salaries	F* - Equipment			_		y Public Office Expenses
I - Postage O* - Other						
	e detailed explanat	ion in required r	emarks fie	eld (k)		

Amendment **Disbursements Disbursements**Pg 4 of 4 Ye

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political \boxtimes

1 Committee Full Name (and Fund if annlicable)	2 ID Number
committees and coordinated party expenditures.	
ose this form to report expenditures from the committee for, operating expenses, contributions to candida	te/ponticai

	un Name (and run	u ii appiicabie)				2. ID Number
Bob Ward for C			· · · · · · · · · · · · · · · · · · ·			ND47GO
3. Type of Disbu			RO-1310 forms for			
Operating E	xpenses	Contributions to Car	ndidates/Political Commi	ittees		oordinated Party Expenditures
4. Payee Inform	ation		Add		Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Com	nittee N	ame	d. Comments
(include city, state,	& zip)					
SunTrust Bank			1			
2405 S. Church	Street		c. Level Registered (S	Specify)		
Burlington, NC	27215		Federal	TT.	County:	-
			State	$\overline{\boxtimes}$	Municipality:	e. Election Sum to Date
336-229-3000						
330 227 3000						\$ 64.95
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks
Д 1	Dault Duaft	0	12/21/2015		¢12.00	Mo. checking
#1	Bank Draft	О	12/31/2015		\$12.00	Mtnce Fee
					\$	
4 Davis Tre-	otion .	<u> </u>	A dd	- _[]		
4. Payee Inform	******		Add	<u> </u>	Remove	1 Comments
	ng Address & Phone		b. Coordinated Com	nittee N	ame	d. Comments
(include city, state,	& zip)					
						_
			c. Level Registered (S	specify)		
			Federal	Ш	County:	
			State		Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks
					\$	
		· 			ļ	
					\$	
4. Payee Inform	ation	П	Add	П	Remove	
	ng Address & Phone		b. Coordinated Com	nittee N	ame	d. Comments
(include city, state,	-				·	
(include city, state,	& zip)					
			c. Level Registered (S	Engaifu)		_
			├ ╤ ──`	pecity)	Country	
			Federal State	님	County:	Election Court to Date
			State		Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks
					\$	
					\$	
ge ran _ 4 _ 3 3 3	: n				ڶ	f 12.00
5. Total only thi						\$ 12.00
	CRO-1310 Pages		0 iconsectors E	,		
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 2,378.96						
(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)						
				xpenauu	ares)	
	es (List detailed ex				B & '	1 0 114
A* - Media	B* - Printing	C* - Fund				ther Candidate
E - Salaries	F* - Equipment	G - Politic				ng Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses		Q* - Donati	ion to Legal Expense Fund
	e detailed evaluati	ion in required w	marks field (b)			
* Codes require detailed explanation in required remarks field (k)						

No

In-Kind Contributions		Pg <u>1</u> of	1	Yes No
Use this form to report non-monetary contributions, donations, go	ods or serv	ices provided to th	e comr	mittee or fund.
Use CRO-1215 if ln-Kind Contributions were or will be refunded 1. Committee Full Name (and Fund if applicable)	within / da	iys.	2 10	NT
Bob Ward for City Council			2. 10	Number ND47GO
Bob ward for City Council				ND47GO
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone	b. Type of	Contributor	e. Con	nments
(include city, state, & zip)	Ind	ividual		
Robert Marion Ward	⊠ Caı	ndidate		
2205 Woodridge Court	Par	-		
Burlington, NC 27215	PA			
224 227 1254		ferendum	d. Elec	ction Sum to Date
336-227-1954	L Oth	ner Receipt Source	\$	181.29
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
Times-News for Thank you Ad		11/11/201:	5	\$ 135.66
Harris-Teeter - Food, Flowers, Baloons		11/03/201	5	\$ 39.26
It's Party Time - Paper goods		11/03/201	5	\$ 6.37
3. Contributor Information Add H	Remove			I
a. Full Name, Mailing Address & Phone	b. Type of	Contributor	c. Con	nments
(include city, state, & zip)	Ind	ividual		
	Car	ndidate		
	Par	•	i	
	PA			
		erendum	d. Elec	ction Sum to Date
	Ott	er Receipt Source	\$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information Add F	Remove			
a. Full Name, Mailing Address & Phone	<u></u>	Contributor	e. Con	nments
(include city, state, & zip)	┦ 드로	ividual		
	====	ndidate		
	Par	•		
	PA	erendum	d Fla	-the Court to Date
		er Receipt Source		ction Sum to Date
			\$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
				\$
				\$
				\$

4. Total only this Page
5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

181.29 181.29

Amendment