Amendment

Ø	Yes	No

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 II	nformation							
a. Full Name						c. ID Number		
Bobw	lard for	City Coun	eil			ND47GO		
	Bob Ward for City Council MD47GO Mailing Address (include City, State and Zip Code) MD47GO d. Date Filed							
2205	Woodridg	e CF				10/19/15		
Burlin	ng ton, NC	27215				e. Phone Number 336-227-1954		
2. Report Year	3. Period Start	Date (mm/dd/yy)	4. Period I	End Date (mm/dd	/yy) 5. Treasure	r Full Name		
	08/26/2			1/2015	_	Marion Ward		
6. Type of Com			Гуре of Rep		one type of repo	rt from one category)		
Candidate Cam		·	nicipal	State/Co	•	Referendum		
☐ PAC	=	rendum	Organizationa		anizational	Organizational		
Independent Ex	-	t Fundraiser	Thirty-five da	y Qua	rterly	Pre-referendum		
Legal Expense	Fund	肾	Pre-primary	님	First	Final		
"True of Franci	(if applicable,	<u></u>	Pre-election	片	Second	Supplemental Final		
7. Type of Fund Booster Fund	і (н аррисавіе,	check one)	Pre-runoff Semi-annual	片	Third	Annual Special		
Building Fund			Mid Yea	r L	Fourth i-annual	Special		
Dunding Fund		旨	Year End	I	Mid Year	10. Special Report Name		
Other:		吊	Final		Year End	10. Special Report Name		
8. Number of F	undraisers this	Report		Fina				
				☐ Spec				
11. Account Inf	ormation			11. Account In	formation			
a. Financial Institu	tion Full Name			a. Financial Institu	ution Full Name			
Sun Tr	ust							
b. Purpose		c. Account Code		b. Purpose		c. Account Code		
Camp	saign	#1						
Acco	+	d. Period Begin Ba	lance			d. Period Begin Balance		
Mecel	uni	\$ 1,296.	54			\$		
CERTIFICATI	ON	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
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.								
	rt M. War rinted Name of Sign		Kobe	nature of Appointed	Traceron	10/19/15		
FOR OFFICE I		31	Sig	nature of Appointed	Treasurer	Date		
				. 1.	n Del	ivery Method		
Date Receive	ed:)-14-15	Employ	yee:		Normal Mail		
Date Postma	-	1	Employ	yee:	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Registered Mail Hand Delivered		
Date Scanne	ed: 10	27-15	Employ	yee: <u> </u>	<u>G</u> 🗅	Electronically Filed		
Date Data E	ntered:		Employ	yee:		Signer has not received mandatory training		
Please Not						mittee 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.								

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	3. ID Number	
Bob Ward for City Council	Pre-F	Primary	ND4760	
Start of Election Cycle: January 1, <u>2012</u>	•	Total this Reporting Period	Total this d Election Cycle	
4) Cash on Hand at Start		\$ 1,296.54	·····	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 20.00	
6) Contributions from Individuals	(CRO-1210)	\$ 1,081.25	\$ 20.00 5 \$ 3,581.25	
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)	\$	\$ B	
11) Other Receipt Sources			and State and St	
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)	\$	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 1,081.25	\$ 3,601.25	
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 1,296.79	9 \$ 2,500.25	
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)	\$ 81.2.	5 \$ 101.25	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 1,378.0	4 \$ 2,601.50	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	stract line 18)	\$ 999.7	5 \$ 999.75	
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-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

		rom Individua ndividual contributio		Pg ontributions und			Amendment Yes No 205 is not used
1. Com	mittee Full Nan	ne (and Fund if app	licable)			2. I	D Number
В	ob Ward	for City Co	ouncil .				JD47G0
3. Con	tributor Inform	ation			move		
1	lame, Mailing Addro	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
	de city, state, & zip)	ام م ۱۱ م م		Attorne	e.v		
K	obert Mar	dridge Ct.		c. Employer's Na			
				Self.em	ployed	e E	lection Sum to Date
	Burlington, 1 336 - 227				. ,	1	3,601.25
f. Prior		h. Form of Payment	i. In-Kind Descrip	L	j. Date (mm/dd/yyy	ــــــــــــــــــــــــــــــــــــــ	k. Amount
	#1	Check					\$ 1,000.00
	#1	In-kind	bottled u	vater	09/04/201	15	\$ 40.60
	#1	In-kind	bulloons		09/19/2015	5	\$ 40.60 \$ 40.65
3. Cont	tributor Informa	ation		Add 🔲 Ret	nove		
1	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
(includ	le city, state, & zip)		The second secon				
				c. Employer's Nar	ne/Specific Field		
						<u> </u>	
						e. El	lection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	(y)	k. Amount
							\$
					:		\$
							\$
	tributor Informa			Add 🔲 Rer	nove		
8	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
(Hichic	ie city, state, & zip)						
				c. Employer's Nar	ne/Specific Field		
						e. El	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	(y)	k. Amount
							\$
							\$
							\$
4. Tot	al only this P	age				\$	1,081.25
		RO-1210 Pages	ano CPO 1100\	,		\$	1,081.25 1,081.25
(1 ms ti	me musi ve on une o	of Detailed Summary P	uge CNO-1100)			<u> </u>	1,001,00

T	1			4
1 110	ะกา	ırc	em	ents
2/1	71/L	41 J		

				Amendmen	t
Pg	_1_	of	2	X 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	full Name (and Fund	d if applicable)				2. ID Number		
Bob Ward for City Council						ND47G0		
- V A	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating Exp		tributions to Candida	tes/Politi			ordinated Party Expenditures		
4. Payee Inform			<u> </u>	Add	Remove			
a. Full Name, M (include city, state,	(ailing Address & Pho	one		b. Coordinat	ed Committee Name	e d. Comments		
·	ime Water Co	DM 04 AV	***************************************					
	nion Avenue	mapa ny			stered (Specify)			
•	ston, NC 27	215		Federal State	☐ County: ☑ Municipa	ality: e. Election Sum to Date		
	192-1030					\$ 300.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amount	k. Required Remarks		
#1	Check	\mathcal{B}			·	Bottled water w/Logo		
			0.07	4-0.0	\$			
4. Payee Inforn	nation	·		Add 🔲	Remove			
a. Full Name, Mail	ing Address & Phone	· · · · · · · · · · · · · · · · · · ·		b. Coordinate	ed Committee Name	d. Comments		
(include city, stat			mr mar					
Signara	ima of Burlir	igton NC		<u> </u>	- 1/61 10 \			
308 Hu	Afman Mill	Rd		Federal	stered (Specify) County:			
Run line	ston, NC =	27215		State	Municipa	ality: e. Election Sum to Date		
	192-1030					\$ 1, 289.01		
f. Account Code		la Dirección Codo		<u> </u>	T	, l		
i. Account Code	g. Form of Payment				j. Amount	k. Required Remarks		
/	Check	B	09/	11/2015	\$ 128.10	Palm Cards		
					\$			
4. Payee Inforn				Add	Remove			
· · · · · · · · · · · · · · · · · · ·	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments		
(include city, stat	ie, & zip)							
				c. Level Regis	stered (Specify)			
				Federal	County:			
				☐ State	Municipa	dity: e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Required Remarks		
			V-D/1		\$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
					\$			
5. Total only th	is Page					\$ 428.10		
6. Total of ALL	CRO-1310 Pages							
		mary Page CRO-116	00 if Oper	rating Expense	es)	, \$ 1,296.79		
(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)								
	line 13c of Detailed Sum				Expenditures)			
	odes (List detailed							
A* - Media	B* - Printir	•		ındraising		Another Candidate		
E - Salaries	F* - Equipr			itical Party		olding Public Office Expenses		
I - Postage O* Other	J - Penaltie	28	v 0	ffice Expen	ses Q* - Do	onation to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (k)								

	1				
1 110	chi	ırc	em	on	TC
	ソルレ	41 J		\mathbf{v}	LJ.

	_			Amendment	
Pg	<u>2</u>	of	2	X 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 Full Name (and Fund if applicable)						2. ID Number		
Bob Ward for City Council						ND47G	0	
3. Type of Disb	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating Exp		tributions to Candida	tes/Politic	cal Committees	Coo	dinated Party Expenditures		
4. Payee Inforn	nation			Add 🔲	Remove			
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	ed Committee Name	d. Comments		
(include city, state,	& zip)	A AAAA (AAA						
	Burling tox			c. Level Regi	stered (Specify)			
425 L	exington Au	enue		Federal	County:			
Burling	ton, NC			State	Municipa Municipa	ity: e. Election Sum to Da	te	
	222-5060		· •			\$ 25,00		
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	*** ***********************************	k. Required Remarks	·«/	
#1	Check	0	09/2	1/2015	\$ 25.00	Festival		
					\$			
4. Payee Inforn	nation			Add \square	Remove			
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments		
(include city, stat	te, & zip)							
Michel	le Taylor							
11.22.5	deaugood Av	enul			stered (Specify)	**************************************		
1123E	elgewood Av	7010		Federal	County:	:	4 -	
Burlin	ngton, NC 2	1213		L State	Municipa Municipa	ity: e. Election Sum to Da	te	
	437-9555					\$ 843.69		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Required Remarks		
# 1	Cneck	B	nah	1/2015	\$ 843.69	Fans w/Logo f Caronsel	OV	
	Oneon		01/0	.,,,,,	\$	Caronse.		
4. Payee Inform	nation	<u> </u>	' п	Add \square	Remove			
	ing Address & Phone	······································		b. Coordinate	ed Committee Name	d. Comments		
(include city, stat	te, & zip)							
					stered (Specify)			
				Federal Federal	County:			
				State	Municipa	ity: e. Election Sum to Da	te	
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Required Remarks		
	5 t	Property of the Party State of			\$			
					\$			
5. Total only th	is Page	<u></u>	l			\$ 868.6	; 9	
6. Total of ALL	CRO-1310 Pages					\$ 868.0 \$ 1, 296.7		
	line 13a of Detailed Sun	mary Page CRO-11	00 if One	rating Expense	es)	17917	g	
	line 13b of Detailed Sun					\$ 1,276.1	/	
	line 13c of Detailed Sun							
7. Purpose Codes (List detailed expenditure code in (h.) above)								
A*-Media B*-Printing C*-Fundraising D-To Another Candidate								
E - Salaries	F* - Equip	•		itical Party		lding Public Office E	xpenses	
I - Postage	J - Penalti			ffice Expen		nation to Legal Exper		
O* Other					•	- 		
* Codes requir	* Codes require detailed explanation in required remarks field (k)							

In-Kind Contributions	1	Pg } of }		Amendment Yes No
Use this form to report non-monetary contributions, donations, goo Use CRO-1215 if In-Kind Contributions were or will be refu			tee o	
1:Committee Bulls Name (and Bunds for applicable)	nded within 7	uays.	2. L	D Number
Bob Ward for City Council			/	VD47G0
3. Contributor liftoungition	Acti Di	Арттолуу.,		ere Megati Die elektrosenske
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Con	tributor	c. Co	omments
Robert Marion Ward	Candidate			
2205 Woodridge Ct	Party			
Burlington, NC 27215	PAC Referendur	m	d. El	lection Sum to Date
336 - 227-1954	Other Rece	eipt Source	\$	
e. Description		f. Date (mm/dd/yy	<u> </u> yy)	g. Fair Market Amount
Walmart - Bottled Water for Pinnacle Family F	un Dory	09/04/20	15	\$ 40.60
Walmart - Bottled Water for Pinnacle Family F Harris Teeter - Balloons for Carousel Fes	tival	09/04/20	15	\$ 40.65
				\$
3. Contributoralinformation	Ayara	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Cont	tributor	c. Co	omments
(include city, state, & zip)	Individual Candidate			
	Party			
	PAC Referendur	n	d. El	ection Sum to Date
	Other Rece	eipt Source	\$	
e. Description	*	f. Date (mm/dd/yy)	yy)	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information			T	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Cont Individual	tributor	c. Co	omments
	Candidate			
	Party PAC			
	Referendur		d. El	ection Sum to Date
	Other Rece	sipt Source	\$	
e. Description		f. Date (mm/dd/yy	(y)	g. Fair Market Amount
				\$
				\$
BEST COMPANY OF THE STATE OF STATE OF THE ST	11 / 1			\$
4k Rotationly dris Page			\$	81.25
5) TO ETRO ? (AVETE (C IRO – (CS O) TENGRES S (Tilos lines ministro con il lines bio (2) partitud (Stammany Hinge (CRO) (1000)).		inalos den et codo do la c	\$	81.25 81.25