Disclosure Report	Amendment Yes No							
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								
Marshall Ward for Concor	d City Council				c. ID Number N/A			
Triaishan wara for Concor	IVA							
b. Mailing Address (include Cit	y, State and Zip Code)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			d. Date Filed			
98 Cabarrus Ave W Concord, NC 28025					7/14/2017			
# 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					e. Phone Number			
					980-248-3316			
2. Report Year 3. Per	riod Start Date (mm/d	4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name			
2017	7/14/2017	7/2	24/2017	Marshall Ward (Candidate)				
6. Type of Committee (Ch	eck One)	9. Type of Repor	t (check only	y one type of report	from one category)			
Candidate Campaign	Party	Municipal	State/Co		Referendum			
PAC	Referendum	Organization	al O	Organizational	Organizational			
Independent Expenditure	Joint Fundraiser	Thirty-five da	ay Q	Quarterly	Pre-referendum			
Legal Expense Fund 7. Type of Fund (if ap)	plicable, check one)	Pre-primary		First	Final			
"Booster Fund"	oncavie, check one)	Pre-election	18	Second	Supplemental Final			
Building Fund		Pre-runoff	IH	Third	Annual			
Danieling 7 und		Semi-annual		Fourth	Special			
		Mid Ye	ar S	emi-annual				
Other:		Year Er	ıd 🔲	Mid Year	10. Special Report Name			
		Final		Year End				
8. Number of Fundraisers	s this Report	Special	☐ F	inal				
0				pecial				
11. Account Information			11. Account Ir	THE RESIDENCE OF STREET				
a. Financial Institution Full Na	ne		a. Financial Instit	tution Full Name	建制的工工。由于中央企业的特殊			
Wells Fargo			b. Purpose		c. Account Code			
b. Purpose	c. Account Code		SHI MIDRIDING IS ARMINOSI DINIKON	CEIVED	c. Account Code			
Campaign Funds	1		RE	CELVED				
	d. Period Begin Balance	e	The state of the s	JUL 2 4 2017	d. Period Begin Balance			
		CA	\$					
CERTIFICATION CABARRUS COUNTY S BOARD OF ELECTIONS								
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.								
Marshall Ward	5.7 Steel 10	N	Larshall W		7/24/2017			
Prin	ted Name of Signer		Signature of Appointe	ed Treasurer	Date			
FOR OFFICE USE ONLY								
Date Received:	7/24/17	Employee	: <u>5</u> mo	9-1	Delivery Method Normal Mail			
	11			1	Registered Mail			
Date Postmarked:		Employee			Hand Delivered			
	8/4/17	D -1	Sm a		Electronically Filed			
Date Scanned:		Employee	i		Signer has not received mandatory training			
Date Data Entered:		Employee			mandatory training			

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.

Detailed Summary

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

2. Type of Report 3. ID Number 1. Committee Full Name (and Fund if applicable) N/A 2017 Organizational Marshall Ward for Concord City Council Total this Total this 2014 Start of Election Cycle: January 1, **Election Cycle** Reporting Period \$ 0 Cash on Hand at Start RECEIPTS \$ 5) Aggregated Contributions from Individuals (CRO-1205) \$ \$ 300 300 **Contributions from Individuals** (CRO-1210) \$ Contributions from Political Party Committees (CRO-1220) \$ (CRO-1230) 8) Contributions from Other Political Committees \$ \$ (CRO-1410) 9) Loan Proceeds \$ \$ Refunds/Reimbursements To the Committee (CRO-1240) 10) 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) \$ (CRO-1265) \$ 11 e) Exempt Purchase Price Sales \$ \$ 300 300 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) **EXPENDITURES** 13) Disbursements \$ 241.50 241.50 (CRO-1310) 13a) Operating Expenditures \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ \$ (CRO-1310) 13c) Coordinated Party Expenditures \$ (CRO-1315) 14) Aggregated Non-Media Expenditures \$ \$ (CRO-1420) 15) Loan Repayments \$ \$ Refunds/Reimbursements From the Committee (CRO-1320) 16) \$ \$ (CRO-1510) 17) In-Kind Contributions \$ 241.50 241.50 TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) \$ 58.50 \$ 58.50 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION Non-Monetary Gifts Given to Other Committees (CRO-1330) 20) \$ Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 21) Debts and Obligations owed By the Committee (CRO-1610) 22) (CRO-1620) Debts and Obligations owed To the Committee 23) (CRO-1720) **Account Transfers Within the Committee** 24) \$ \$ (CRO-1710) **Administrative Support** 25) \$ \$ (CRO-1440) 26) Forgiven Loans \$ \$ (CRO-2220) 48-Hour Notice Reports Sum 27) \$ \$ (CRO-1215) Contributions to be Refunded

Amendment

 \boxtimes

No

		n Individuals	0.70	Pg	of	1_	Yes	No No	
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRC 1. Committee Full Name (and Fund if applicable)					2. ID Number				
Marshall Ward for Concord City Council									
						N/A			
POST OF THE PARTY	ibutor Informatio ne, Mailing Address &	AND AND ADDRESS OF THE PARTY OF		Add Rem b. Job Title/Profession	nove	d. Comments			
27年公孙田老公司进科公司	city, state, & zip)			Vice President	会に担ち込みをおり直を整ちてくった。	d. Comments			
Marshall				F 1 1 1 1 6					
	rus Ave W NC 28025			c. Employer's Name/Spo JFL Enterprises					
						e. Election Sum to Date			
					\$ 300				
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	transfer from person			7/10/20	17	\$	100	
	1	transfer from person	N/A		7/14/20	017	\$	100	
	1	transfer from ferst	√/ N/A		7/24/20	017	\$	100	
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小公司完全的政策的	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
(include	city, state, & zip)								
				c. Employer's Name/Spe	ecific Field				
					e. Election Su	ım to Date			
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TA THOUSE PRODUCE THE PARTY	ne, Mailing Address &	PERSONAL PROPERTY AND PROPERTY OF THE PERSON		b. Job Title/Profession		d. Comments			
(include	city, state, & zip)								
				c. Employer's Name/Spe	ecific Field				
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	g. Account Cour	To in of Layment	., III-K	ana Description	J. Date (min/dd/yy	JJ)	\$		
				3			\$		
							\$		
4. Total	l only this Page	e				\$		300	
5. Total	of ALL CRO	-1210 Pages				\$		300	

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

Amendment

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DIS	Du	rsen	пеп	LS

committees and coordinated party expenditures.

Pg 1 of 2

Amendment Yes

No

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

1. Committee Full Name (and Fund if applicable) 2. ID Number N/A Marshall Ward for Concord City Council 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Coordinated Party Expenditures **Operating Expenses** Add Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) SquareSpace 225 Varick St, 12th Floor c. Level Registered (Specify) New York, NY 10014 Federal County: State Municipality: e. Election Sum to Date \$ 36.00 h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) f. Account Code g. Form of Payment j. Amount Website \$16.00 A 7/17/2017 1 Debit Card Website 1 Debit Card A 7/17/2017 \$20.00 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Facebook c. Level Registered (Specify) 1 Hacker Way Federal County: Menlo Park, CA 94025 Municipality: e. Election Sum to Date State \$ 75.50 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Marketing 1 **EFT** A 7/17/2017 \$25.41 Marketing **EFT** 7/19/2017 \$50.09 A 1 Remove Add 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Cabarrus County Board-Election c. Level Registered (Specify) 369 Church St N Concord, NC 28026 Federal County: e. Election Sum to Date State Municipality: \$ 95.00 h. Purpose Code k. Required Remarks g. Form of Payment i. Date (mm/dd/yyyy) j. Amount f. Account Code Candidate \$95.00 Η 7/14/2017 1 Check Filing Expense \$ \$ 206.50 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) 241.50 \$ (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 G - Political Party E - Salaries F* - Equipment Q* - Donation to Legal Expense Fund J - Penalties K* - Office Expenses I - Postage O* - Other * Codes require detailed explanation in required remarks field (k)

				Ame	ndment		
Disbursements	Pg	<u>2</u>	of <u>2</u>		Yes	\boxtimes	No
(I 41:- 6 tt ditume from the committee	fam amanatina avenana			: data/ ali	:1		

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							
Marshall Ward	for Concord City Co	N/A					
3. Type of Disb	ursement (Plea	se use separate C	RO-1310 forms for each typ	The same of the sa			
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures							
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a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments		
(include city, state,							
Wells Fargo	i i						
50 Union St N			c. Level Registered (Specify)				
Concord, NC 28	3025		Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 35.00		
					\$ 35.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
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				\$			
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		1		\$			
				*			
5. Total only th	CONTRACTOR OF THE CONTRACTOR O	\$ 35.00					
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$ 241.50		
(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)							
THE PROPERTY OF THE PROPERTY O				er Candidate			
E - Salaries	F* - Equipment J - Penalties				Public Office Expenses In to Legal Expense Fund		
I - Postage J - Penalties K* - Office Expenses Q* - Donation O* - Other				n to Legai Expense rund			
* Codes require detailed explanation in required remarks field (k)							