

Disclosure Report Cover

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 Chester Ward for County Commissioner	c. ID Number LHL4LJ
b. Mailing Address (include City, State and Zip Code) 434 Shepards Road Hampstead, NC 28443	d. Date Filed 03/07/2011
	e. Phone Number

2. Report Year 2011	3. Period Start Date (mm/dd/yy) 01/01/2011	4. Period End Date (mm/dd/yy) 01/31/2011	5. Treasurer Full Name John Swann
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6. Type of Committee (Check One)		9. Type of Report <i>(check only one type of report from one category)</i>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund <i>(if applicable, check one)</i>		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Federal		a. Financial Institution Full Name	
b. Purpose Checking	c. Account Code A	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 104.01		d. Period Begin Balance \$

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.

C. HESTER WARD
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

03/21/2011
Date

FOR OFFICE USE ONLY

Date Received:	<u>3/21/11</u>	Employee:	<u>DB</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received 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

Amendment		
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No

Use 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 Number	
Chester Ward for County Commissioner		Final		LHL4LJ	
Start of Election Cycle:	January 1,	2011	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start			\$ 104.01	\$ 104.01	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)		\$	\$	
6) Contributions from Individuals	(CRO-1210)		\$	\$	
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)		\$	\$	
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)			\$ 104.01	\$ 104.01	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)		\$	\$	
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)		\$ 104.01	\$ 104.01	
17) In-Kind Contributions	(CRO-1510)		\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 0	\$ 0	
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-2200)		\$	\$	
28) Contributions to be Refunded	(CRO-1215)		\$	\$	

Refunds/Reimbursements From the Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Chester Ward for County Commissioner			LHL4LJ	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Chester Ward 434 Shepards Road Hampstead, NC 28443		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		05/10/2010
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 958.98
f. Purpose Code		j. Election Sum to Date		
L		\$ 1108.98		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Candidate	Pender Co. Sheriff Dept.			A
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check 1210	Refund part of contribution/Close account		01/31/2011	\$ 104.01
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Purpose Code		j. Election Sum to Date		
		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
				\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Purpose Code		j. Election Sum to Date		
		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
				\$
4. Total only this Page				\$ 104.01
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 104.01
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				



North Carolina
 State Board of Elections
 506 N Harrington Street
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Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
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 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: CHESTER WARD FOR CC
 Treasurer Name: John K Swann
 Treasurer Address: 600 RAVENSWOOD RD
 (include city, state, & zip) HAMPSTEAD, NC 28443

 Treasurer Phone: 270-4568

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

31 JAN 11
 Date Signed

John K Swann
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.