

Disclosure Report Cover

Amendment	
<input 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 <i>CHESTER WARD FOR Commissioner</i>	c. ID Number <i>DHLLIM</i>
b. Mailing Address (include City, State and Zip Code) <i>434 STEPHENS ROAD HAMPSTEAD NC 28443</i>	d. Date Filed <i>2-18-14</i>
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input 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 checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	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 (if applicable, check one)		<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		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
8. Number of Fundraisers this Report		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>First Federal</i>	a. Financial Institution Full Name	b. Purpose <i>Campaign Finance</i>	b. Purpose
b. Purpose	c. Account Code <i>CW</i>	c. Account Code	c. Account Code
	d. Period Begin Balance \$ <i>0</i>		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.

CHESTER L WARD *[Signature]* *2-18-14*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: *2/18/14* Employee: *OB* Delivery Method

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ Electronically Filed

_____ _____ Signer has not received mandatory training

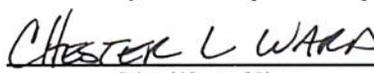
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Chester Ward for Commissioner		UH ULM	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
434 Shepards Road Hampstead NC 28443		2-18-14	
		e. Phone Number	
		910-329-1732	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Chester Lamont Ward			Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
434 Shepards Road Hampstead, NC 28443		County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910-329-1732			
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Bethany Guthrie		Bethany Guthrie	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
118 North Topsail Drive Surf City NC 28445		118 North Topsail Drive Surf City NC 28445	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	b. Purpose
		First Federal	To hold campaign contribution
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
		CW	checking
c. Phone Number		d. Email Address	
<input type="checkbox"/> Email copy of notices			
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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	2-18-14 Date



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Chester Ward
 Treasurer Name: Bethany Guthrie
 Treasurer Address: 118 North Topsail Drive
 (include city, state, & zip) Surf City, NC 28445

 Treasurer Phone: 910-376-0583

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2-18-14
 Date Signed

[Signature]
 Signature of Candidate

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

Detailed Summary

Amendment
 Yes 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	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$	\$	\$
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)	\$	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$	\$	\$
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)	\$	\$	\$
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)	\$	\$	\$
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)	\$	\$	\$