

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.

Amendment	Yes	<input checked="" type="checkbox"/> No
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1. Committee Information	
a. Full Name BOB ZSCHOCHE FOR COUNTY COMMISSIONER CMTE	c. ID Number
b. Mailing Address (include City, State and Zip Code) 40 SHADOW LN WHISPERING PINES NC 28327	d. Date Filed 3/7/2016
	e. Phone Number 910 949 4250

2. Report Year 2013	3. Period Start Date (mm/dd/yy) 1/1/2016	4. Period End Date (mm/dd/yy) 2/29/2016	5. Treasurer Full Name BOB ZSCHOCHE
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	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 checked="" type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<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 type="checkbox"/> Final	
			<input type="checkbox"/> Special	

7. Type of Fund (if applicable, check one)

Booster Fund

Building Fund

Other:

8. Number of Fundraiser/s this Report

0

10. Special Report Name	

11. Account Information		11. Account Information	
a. Financial Institution Full Name SECU	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose CAMPAIGN CHECKING	c. Account Code 1	b. Purpose	c. Account Code
d. Period Begin Balance \$ 100.00	d. Period Begin Balance	d. Period Begin Balance	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.

ROBERT C ZSCHOCHE [Signature] 3/7/16

Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 3-7-16 Employee: [Signature] 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.

8 pages

MAR 07 2016

MOORE BOE

Detailed Summary

Amendment	<input checked="" type="checkbox"/>
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	
BOB ZSCHOLTE FOR COUNTY COMMISSIONER CMTE		1st Qtr			
Start of Election Cycle: January 1, 2013		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 100.00		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 5275.21		\$ 5449.21	
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)		\$.03		\$.03	
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)		\$ 5275.24		\$ 5449.24	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 57.56		\$ 131.56	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 2.00		\$ 2.00	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 5275.21		\$ 5349.21	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5334.77		\$ 5482.77	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 40.47		\$	
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)		\$		\$	

Contributions from Individuals

Pg 1 of 1

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
BOB ZSCHOCHE FOR COVNTN COMMISSIONER CMTE							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BOB ZSCHOCHE 40 SHADOW LN WHISPERING PINES NC 28327						c. Employer's Name/Specific Field	
						e. Election Sum to Date	
						\$ 5449.21	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		CASH	PRECINCT MAP	1/4/2016		\$ 20.00	
<input type="checkbox"/>		CREDIT CARD	EMERY BOARDS	1/18/2016		\$ 903.66	
<input type="checkbox"/>		CREDIT CARD	YARD SIGNS	1/25/2016		\$ 3858.55	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BOB ZSCHOCHE 40 SHADOW LN WHISPERING PINES NC 28327						c. Employer's Name/Specific Field	
						e. Election Sum to Date	
						\$ 5449.21	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		CASH	LUNCHEON - 201	1/4/2016		\$ 18.50	
<input type="checkbox"/>		CASH	LUNCHEON	2/1/2016		\$ 18.50	
<input type="checkbox"/>		CREDIT CARD	NEWSPAPER AD	2/12/2011		\$ 456.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
						c. Employer's Name/Specific Field	
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 5275.21	
5. Total of ALL CRO-1210 Pages						\$ 5275.21	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Other Receipt Sources

Pg 1 of 1 Amendment Yes No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BOB ZSCHOCHE FOR COUNTY COMMISSIONER CMTE					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
SECV P.O BOX 599 SOUTHERN PINES NC 28388				INTEREST ON CAMPAIGN ACCT	
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$.03		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	CREDIT	INTEREST	1/20/2016	\$.02	
1	CREDIT	INTEREST	2/15/2016	\$.01	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$.03	
6. Total of ALL CRO-1250 Pages				\$.03	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

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 ZSCHWITZ FOR COUNTY COMMISSIONER CMTE							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MOORE CTY BOARD OF ELECTIONS PO BOX 787 CARTHAGE NC 28327						FROM CAMPAIGN CHECKING	
				c. Level Registered (Specify)		e. Election Sum to Date	
				Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/>			
				State <input type="checkbox"/> Municipality: <input type="checkbox"/>		\$ 131.56	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK # 1001	K	1/6/2016	\$ 51.70	VOTER LISTS		
1	CHECK # 1002	K	2/25/2016	\$ 5.86	VOTER LISTS		
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				Federal <input type="checkbox"/> County: <input type="checkbox"/>			
				State <input type="checkbox"/> Municipality: <input type="checkbox"/>		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				Federal <input type="checkbox"/> County: <input type="checkbox"/>			
				State <input type="checkbox"/> Municipality: <input type="checkbox"/>		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 57.56	
6. Total of ALL CRO-1310 Pages						\$ 57.56	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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)							

Aggregated Non-Media Expenditures

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) BOB ZSCHADTKE FOR COUNTY COMMISSIONER CMTF	2. ID Number
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3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Add						
Remove	1	DEBIT	0	1/20/2016	\$ 1.00	AUTO DEDUCT FOR SECU FOUNDATION
Add						
Remove	1	DEBIT	0	2/15/2016	\$ 1.00	AUTO DEDUCT FOR SECU FOUNDATION
Add					\$	
Remove					\$	
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Remove					\$	

4. Total only this Page	\$ 2.00
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5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>	\$ 2.00
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6. Purpose Codes (List detailed expenditure code in (d) above)			
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund

* Codes require detailed explanation in required remarks field (g)

In-Kind Contributions

Pg 1 of 2 Amendment Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
BOB ZSCHOLTE FOR COUNTY COMMISSIONER CMTE			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
MOORE CITY GIS PO BOX 905 CARTHAGE NC 28327		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		CASH PERSONAL	
		d. Election Sum to Date	
		\$ 20.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRECINCT MAP - LARGE		1/4/2016	\$ 20.00
			\$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
MY CAMPAIGN STORE 304 WHITTINGTON PKWY LOUISVILLE KY 40222		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		CREDIT CARD	
		d. Election Sum to Date	
		\$ 903.66	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
EMERY BOARDS W/ LOGO		1/18/2016	\$ 903.66
			\$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
HERITAGE ADVERTISING 3232 H ST OMAHA NE 68107		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		CREDIT CARD	
		d. Election Sum to Date	
		\$ 3858.55	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
YARD SIGNS		1/25/2016	\$ 3858.55
			\$
			\$
4. Total only this Page		\$ 4782.21	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 5275.21	

In-Kind Contributions

Pg 2 of 2

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable) BOB ZSCHWILKE FOR COUNTY COMMISSIONER CMTE		2. ID Number
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) MOORE REPUBLICAN WOMEN PO BOX 3654 PINEHURST NC 28374	b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments CASH - PERSONAL
e. Description		d. Election Sum to Date \$ 37.00
	f. Date (mm/dd/yyyy)	g. Fair Market Amount
LUNCHEON - SPOKE	1/4/2016	\$ 18.50
LUNCHEON - NO SPEAK	2/1/2016	\$ 18.50
		\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) SEVEN LAKE TIMES PO BOX 468 WEST END NC 27376	b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments CREDIT CARD PERSONAL
e. Description		d. Election Sum to Date \$ 456.00
	f. Date (mm/dd/yyyy)	g. Fair Market Amount
NEWSPAPER AD - PRINT + ONLINE	2/12/2016	\$ 456.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
e. Description		d. Election Sum to Date \$
	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 443.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 5275.21