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Disclosure Report Cover

JUN 30 2016

Amendment Yes No X

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.

MOORE BOE

1. Committee Information

a. Full Name: BOB ZSCHOCHE FOR COUNTY COMM CAMPAIGN

c. ID Number:

b. Mailing Address (include City, State and Zip Code): 40 Shadow Ln, Whispering Pines NC 28327

d. Date Filed: 6/29/2016

e. Phone Number: 949-4250

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2013	3/1/2016	6/28/16	BOB ZSCHOCHE

6. Type of Committee (Check One)

- ✓ Candidate Campaign
- Party
- PAC
- Referendum
- Independent Expenditure
- Joint Fundraiser
- Legal Expense Fund

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

- Booster Fund
- Building Fund
- Other:

8. Number of Fundraisers this Report: 0

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
Organizational	Organizational	Organizational
Thirty-five day	Quarterly	Pre-referendum
Pre-primary	First	Final
Pre-election	Second	Supplemental Final
Pre-runoff	Third	Annual
Semi-annual	Fourth	Special
Mid Year	Semi-annual	
Year End	Mid Year	
Final	Year End	
Special	✓ Final	
	Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: SECU

b. Purpose: CAMPAIGN CHECKING

c. Account Code: 1

d. Period Begin Balance: $ 40.47

11. Account Information

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

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.

BOB ZSCHOCHE	[signature]	6/28/2016
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	6-30-16	Employee:	[signature]
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.

8 pages

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Detailed Summary

Use 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 ZSCHOCHE FOR COUNTY COMM CMTE		

Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 40.47	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 2415.11	$ 7864.32
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)	$ .10	$ .13
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)		$ 2415.21	$ 7864.45
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 1648	$ 1779.56
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 2.00	$ 4.00
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 140.57	$ 140.57
17) In-Kind Contributions	(CRO-1510)	$ 665.11	$ 6014.32
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2455.68	$ 7938.45
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ Ø	$ Ø
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)	$	$

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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): Bob Zschoche for County Comm Cmte

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Bob Zschoche, 40 Shadow Ln, Whispering Pines NC 28327

b. Job Title/Profession: Retired

c. Employer's Name/Specific Field: US army

d. Comments:

e. Election Sum to Date: $ 7864.32

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		credit card	AD - 7 Lakes Tavern	3/1/2016	$ 577.11
☐		credit card	AD - Aberdeen Tavern	3/6/2016	$ 88.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Bob Zschoche, 40 Shadow Ln, Whispering Pines NC 28327

b. Job Title/Profession:

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $ 7864.32

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		E-Transfer	From Personal acct to Cam acct	3/2/2016	$ 1300.00
☐		E-Transfer	From Personal acct to Cam acct	3/3/2016	$ 450.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

b. Job Title/Profession:

c. Employer's Name/Specific Field:

d. Comments:

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
☐					$
☐					$
☐					$

4. Total only this Page $ 2415.11

5. Total of ALL CRO-1210 Pages $ 2415.11

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

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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): BOB ZSCHOCHE FOR COUNTY COMM CMTE

2. ID Number:

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☒ Interest ☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): SECU, P.O BOX 599, SOUTHERN PINES NC 28388

b. Not-for-Profit Federal ID #:

c. Outside Source Explanation:

d. Comments: INTEREST ON CAMP ACCT

e. Election Sum to Date: $ .13

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	CREDIT	INTEREST	8/15/2016	$ .05
1	CREDIT	INTEREST	4/19/2016	$ .04

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): SECU, PO BOX 599, SOUTHERN PINES NC 28388

b. Not-for-Profit Federal ID #:

c. Outside Source Explanation:

d. Comments: INTEREST ON CAMP ACCT

e. Election Sum to Date: $ .13

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	CREDIT	INTEREST	4/28/2016	$ .01
				$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

b. Not-for-Profit Federal ID #:

c. Outside Source Explanation:

d. Comments:

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 $ .10

6. Total of ALL CRO-1250 Pages $ .10

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)
(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

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Disbursements

Pg 1 of 1 | Amendment 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): BOB ZSCHOCHE FOR COUNTY COMM CMTE

2. ID Number:

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

X Operating Expenses | Contributions to Candidates/Political Committees | Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): WEEB RADIO, PO BOX 1855, SOUTHERN PINES NC 28388

b. Coordinated Committee Name:

c. Level Registered (Specify): Federal / County: / State / Municipality:

d. Comments: FROM CAMP CK

e. Election Sum to Date: $ 1,779.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK# 1003	A	3/1/2016	$ 604.00	RADIO SPOTS
				$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): PILOT NEWSPAPER, W. PENN AVE, SOUTHERN PINES NC 28387

b. Coordinated Committee Name:

c. Level Registered (Specify): Federal / County: / State / Municipality:

d. Comments: PRINT AD. FROM CAMP CK

e. Election Sum to Date: $ 1779.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK# 1004	A	3/2/2016	$ 615.00	NEWSPAPER AD
				$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): W102-FM, 200 SHORT RD, SOUTHERN PINES NC 28387

b. Coordinated Committee Name:

c. Level Registered (Specify): Federal / County: / State / Municipality:

d. Comments: FROM CAMP CK

e. Election Sum to Date: $ 1779.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK# 1005	A	3/4/2016	$ 429.00	RADIO SPOTS
				$	

5. Total only this Page $ 1648.00

6. Total of ALL CRO-1310 Pages $ 1648.00

(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)
(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)

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)

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Aggregated Non-Media Expenditures

Page 1 of 1

Amendment Yes ✓No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
BUM ZSCHOCHE FOR COUNTY COMM CMTE	

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	O	3/15/2016	$ 1.00	AUTO DEDUCT SECU FOUNDATION
Add / Remove	1	DEBIT	O	4/19/2016	$ 1.00	FI
Add / Remove					$	
Add / Remove					$	
Add / Remove					$	
Add / Remove					$	
Add / Remove					$	
Add / Remove					$	
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Add / Remove					$	
Add / Remove					$	
Add / Remove					$	
Add / Remove					$	

4. Total only this Page	$ 2.00
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 2.00

6. Purpose Codes (List detailed expenditure code in (d) above)

	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* - Donations to Legal Expense Fund**
O* - Other			

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

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Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable): BOB ZSCHOCHE FOR COUNTY COMM CMTE

2. ID Number:

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): BOB ZSCHOCHE, 40 SHADOW LN, WHISPERING PINES NC 28327

d. Type of Committee: ☒ Candidate ☐ PAC ☐ Referendum ☐ Party

h. Original Receipt Date: 4/28/2016

e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:

i. Original Receipt Amount: $ 140.57

f. Purpose Code: L

j. Election Sum to Date: $ 140.57

b. Job Title/Profession: RETIRED

c. Employer's Name/Specific Field: US ARMY

g. Comments:

k. Account Code: 1

l. Form of Payment: E-TRANSFER

m. Required Remarks: CLOSURE OF CAMP ACCT

n. Date (mm/dd/yyyy): 4/28/2016

o. Amount: $ 140.57

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): FUNDS RETURNED TO PERSONAL ACCT FROM WHERE THEY HAD COME

d. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum ☐ Party

h. Original Receipt Date:

e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:

i. Original Receipt Amount: $

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 ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

d. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum ☐ Party

h. Original Receipt Date:

e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:

i. Original Receipt Amount: $

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 $ 140.57

5. Total of ALL CRO-1320 Pages $ 140.57
(This line must be on line 16 of Detailed Summary Page CRO-1100)

6. Purpose Codes (List detailed disbursement code in (f) above)

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)**

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In-Kind Contributions

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 ZSCHOCHE FOR COUNTY COMM CMTE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
7 Lakes TIMES PO BOX 468 WEST END NC 27376	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Personal Credit Card
		d. Election Sum to Date: $ 6014.32

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Newspaper ad	3/1/2016	$ 577.11
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Aberdeen Times PO Box 546 Aberdeen NC 28315	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Personal Credit Card
		d. Election Sum to Date: $ 6014.32

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
on line Ad	3/6/2016	$ 88.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 665.11
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 665.11