


MOORE COUNTY CLERK'S OFFICE RECEIVED

Amendment  Yes  No

# Statement of Organization - Candidate Committee

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   |                      |
| Re-Elect Sheriff Neil Godfrey  |                          | MOORE BOE  |                      |
| b. Mailing Address (include City, State and Zip Code)  |                          | d. Date Organized  |                      |
| 25 Goldenrod Drive<br>Whispering Pines, North Carolina 28327   |                          | 5/15/2017  |                      |
|  |                          | e. Phone Number  |                      |
|  |                          | 910-949-2439   |                      |
| 2. Candidate Information   |                          |  |                      |
| <input type="checkbox"/> Candidate's Primary Committee   |                          |  |                      |
| a. Full Name   |                          | e. Candidate ID Number   | f. Party Affiliation |
| Neil Arthur Godfrey  |                          |  | Republican           |
| b. Mailing Address (include City, State, and Zip Code)   |                          | g. Office Sought   |                      |
| 25 Goldenrod Drive   |                          | Sheriff  |                      |
| c. Phone Number  | d. Email Address         | h. Next Election Year  | i. Jurisdiction      |
| 910-949-2439   | neil.a.godfrey@gmail.com | 2018   | Moore County         |
| <input type="checkbox"/> Email copy of notices   |                          |  |                      |
| 3. Treasurer Information   |                          | 4. Custodian of Books Information  |                      |
| a. Full Name   |                          | a. Full Name   |                      |
| Bob Zschoche   |                          | Bob Zschoche   |                      |
| b. Mailing Address (include City, State, and Zip Code)   |                          | b. Mailing Address (include City, State, and Zip Code)                               |                      |
| 40 Shadow Lane<br>Whispering Pines, North Carolina 28327   |                          | 40 Shadow Lane<br>Whispering Pines, North Carolina                                   |                      |
| c. Phone Number  | d. Email Address         | c. Phone Number  | d. Email Address     |
| 910-949-4250   | bobzschoche@msn.com      | 910-949-4250   | bobzschoche@msn.com  |
| I prefer to receive my 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   |                      |
|  |                          | First Bank<br>Carthage, North Carolina   |                      |
| b. Mailing Address (include City, State, and Zip Code)   |                          | b. Purpose   |                      |
|  |                          | Operating Account  |                      |
| c. Phone Number  | d. Email Address         | c. Account Code  | d. Type              |
|  |                          | 1  | Checking             |
| <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. |                          |  |                      |
| Bob Zschoche   |                          |  | 5/15/2017            |
| Printed Name of Signer   |                          | Signature of Appointed Treasurer   | 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

### 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: Neil Arthur Godfrey  
 Treasurer Name: Bob Zschoche  
 Treasurer Address: 40 Shadow Lane  
 (include city, state, & zip) Whispering Pines  
North Carolina  
28327  
 Treasurer Phone: (910) 949-4250

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).

5-15-2017

Date Signed

Neil A. Godfrey  
Signature of Candidate

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



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**Candidate Designation of Committee Funds**

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Neil Arthur Godfrey

Committee Name: Re-Elect Sheriff Neil Godfrey

Treasurer Name: Bob Zschoche

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: Moore

I, Neil Arthur Godfrey hereby direct that in the event of my  
(Name of Candidate)

death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

| <u>Name of Entity</u><br><small>(Select from §163-278.16B(a))</small> | <u>Plan for Disbursement (eg. Amount or %)</u> |
|---|--|
| 1. <u>Moore County Republican Party</u>                               | <u>50%</u>                                     |
| 2. <u>Moore Co. Republican Men's Cl</u>                               | <u>25%</u>                                     |
| 3. <u>Moore Co. Republican Women's C</u>                              | <u>25%</u>                                     |

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: \_\_\_\_\_

*Neil Arthur Godfrey*  
*5-15-2017*

Date: \_\_\_\_\_

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

# 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

|  |  |
|--|--|
| <b>1. Committee Information</b>  |  |
| <b>a. Full Name</b><br>Re-Elect Sheriff Neil Godfrey   | <b>c. ID Number</b>                    |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>25 Goldenrod Drive<br>Whispering Pines, North Carolina 28327 | <b>d. Date Filed</b><br>May 15, 2017   |
|  | <b>e. Phone Number</b><br>910-949-2439 |

RECEIVED  
MAY 15 2017  
MOORE BOE

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>2. Report Year</b><br>2017 | <b>3. Period Start Date (mm/dd/yy)</b><br>05/15/2017 | <b>4. Period End Date (mm/dd/yy)</b><br>05/15/2017 | <b>5. Treasurer Full Name</b><br>Bob Zschoche |
|-------------------------------|--|--|---|

|  |   |  |  |   |
|--|---|--|--|---|
| <b>6. Type of Committee (Check One)</b>                |   | <b>9. Type of Report (check only one type of report from one category)</b> |  |   |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party            | <b>Municipal</b>   | <b>State/County</b>                                | <b>Referendum</b>                           |
| <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              |
| <b>7. Type of Fund (if applicable, check one)</b>      |   | <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 type="checkbox"/> Final                     |   |
|  |   |  | <input type="checkbox"/> Special                   |   |
| <b>8. Number of Fundraisers this Report</b>            |   | <b>10. Special Report Name</b>   |  |   |

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| <b>11. Account Information</b>  |   | <b>11. Account Information</b>            |                                      |
| <b>a. Financial Institution Full Name</b><br>First Bank, Carthage, North Ca |   | <b>a. Financial Institution Full Name</b> |                                      |
| <b>b. Purpose</b><br>Operating Account                                      | <b>c. Account Code</b><br>1               | <b>b. Purpose</b>                         | <b>c. Account Code</b>               |
|   | <b>d. Period Begin Balance</b><br>\$ 0.00 |   | <b>d. Period Begin Balance</b><br>\$ |

**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 \_\_\_\_\_ May 15, 2017  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

|                          |                 |  |
|--------------------------|-----------------|--|
| Date Received: 5-15-17   | Employee: MB    | <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: _____   | Employee: _____ |  |
| Date Scanned: _____      | Employee: _____ |  |
| Date Data Entered: _____ | Employee: _____ |  |

**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

UNION COUNTY PUBLIC WORKS

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                       |                                  |
|--|------------------------|------------------------------------|----------------------------------|
| Re-Elect Sheriff Neil Godfrey  | Organizational         |                                    |                                  |
| <b>Start of Election Cycle:</b>  | <b>January 1, 2015</b> | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |
| 4) Cash on Hand at Start   |                        | \$ 0.00                            | \$ 0.00                          |
| <b>RECEIPTS</b>  |                        |                                    |                                  |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205)             | \$                                 | \$                               |
| 6) Contributions from Individuals  | (CRO-1210)             | \$ 1000.00                         | \$ 1000.00                       |
| 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) |                        | \$ 1000.00                         | \$ 1000.00                       |
| <b>EXPENDITURES</b>  |                        |                                    |                                  |
| 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)          |                        | \$ 0.00                            | \$ 0.00                          |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                        | \$ 1000.00                         | \$ 1000.00                       |
| <b>ADDITIONAL INFORMATION</b>  |                        |                                    |                                  |
| 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

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

|   |                        |                           |  |                             |                                |                  |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund, if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |                  |
| Re-Elect Sheriff Neil Godfrey   |                        |                           |  |                             |                                |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove       |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
| Neil Godfrey<br>25 Goldenrod Dr<br>Whispering Pines, NC 28327   |                        |                           | Sheriff                                  |                             | Candidate                      |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           | Moore County                             |                             |                                |                  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$ 1000.00                     |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>  | I                      | Check                     |  | 5/12/17                     |                                | \$ 1000.00       |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove       |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
|   |                        |                           |  |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           |  |                             |                                |                  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$                             |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove       |                        |                           |  |                             |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                  |
|   |                        |                           |  |                             |                                |                  |
|   |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                  |
|   |                        |                           |  |                             |                                |                  |
|   |                        |                           |  |                             | <b>e. Election Sum to Date</b> |                  |
|   |                        |                           |  |                             | \$                             |                  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> |                                | <b>k. Amount</b> |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <input type="checkbox"/>  |                        |                           |  |                             |                                | \$               |
| <b>4. Total only this Page</b>  |                        |                           |  |                             | \$ 1000.00                     |                  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> |                        |                           |  |                             | \$ 1000.00                     |                  |