

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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).

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Re-Elect Sheriff Neil Godfrey			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
25 Goldenrod Drive Whispering Pines NC 28327		5-12-17	
		e. Phone Number	
		910/949-2439	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	f. Party Affiliation
Neil Arthur Godfrey			Rep <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
25 Goldenrod Dr, Whispering Pines, NC		Sheriff	
e. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910/949-2439	neil.a.godfrey@9m <sup>ch</sup> 1.com	2018	Moore County
<input type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
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 Whispering Pines, NC		40 Shadow Lane Whispering Pines, NC	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910/949-4250	bobzschoche@msn.com		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
<b>5. Assistant Treasurer Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>6. Account Information</b> <small>(incl. CRO-3500)</small> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
RECEIVED		First Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
JUL 24 2017		Operating Account	
c. Phone Number	d. Email Address	c. Account Code	d. Type
MOORE BOE		1	Checking
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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	Neil Godfrey	7-24-17	
Printed Name of Signer	Signature of Appointed Treasurer	Date	