	eport Cover eneral report and committee in to update information	nformat	ion, must be sign	ed and sub	mitted along with	Amendment Ves Other detailed forms.
1. Committee Info	rmation					
a. Full Name						c. ID Number
COMMITTEE TO	ELECT TED G. GODWIN					244-88-5048
b. Mailing Address (inc	lude City, State and Zip Code)					d. Date Filed
PO BOX 1249						
SMITHFIELD, NO	27577					e. Phone Number
2. Report Year	3. Period Start Date (mm/c	ld/yy)	4. Period End	Date	5. Treasurer F	ull Name
2020	02/16/2020		06/30/20)20	D. LEE JACKS	SON
6. Type of Commit	tee (Check One)	9. Ty	e of Report	(check or	ly one type of rep	ort from one category)
Candidate Camp	paign Party	Munici	pal	State/C		Referendum
PAC	Referendum		Organizational		Organizational	Organizational
Independent	Joint Fundraiser		Thirty-five day		Quarterly	Pre-referendum
Expenditure Legal Expense I	Fund	_				
7. Type of Fund	(if applicable, check one)		Pre-primary		First	Final
"Booster Fund"		15	Pre-election		Second	Supplemental Final
Building Fund			Pre-runoff		Third	Annual
_		_	Semi-annual		Fourth	Special
			Mid Year		Semi-annual	
Other:			Year End		Mid Year	10. Special Report Name
			Final		Year End	

CERTIFICATION

11. Account Information

KS BANK b. Purpose

CAMPAIGN

a. Financial Institution Full Name

8. Number of Fundraisers this Report

c. Account Code

574.61

d. Period Begin Balance

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 Beard of Elections.

Special

Final Special

11. Account Information

b. Purpose

a. Financial Institution Full Name

c. Account Code

d. Period Begin Balance

	Printe	ed Name of Signer	Signat	the of Appointed Treasurer	Date
FOI	R OFFICE USE ONLY	1 . 2 . 2 . 2		Lina	Delivery Method
	Date Received:	7-10-a0	Employee:	<u> Vap</u>	Normal Mail
	Date Postmarked:		Employee:	Parameter Control of C	Registered Mail Hand Delivered
	Date Scanned:	-	Employee:		☐ Electronically Filed ☐ Signer has not received
	Date Data Entered:		Employee:		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.

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information.

COMMITTEE TO ELECT TED G. GODWIN	QUARTERLY			244-88-50	
COMMITTEE TO ELECT TED G. GODWIN	QUARTERLY			244-00-30	J46
Start of Election Cycle: January 1,	2020		Total this		Total this
4) Cash on Hand at Start			orting Period 57461	S	Election Cycle 574.61
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 5	500.00	\$	500.00
6) Contributions from Individuals	(CRO-1210)	\$		\$	
7) Contributions from Political Party Committees	(CRO-1220)	S		S	
8) Contributions from Other Political Committees	(CRO-1230)	\$		S	
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 Organiza	ations (CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	S		\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		S	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		s	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b.	IIc. IId and IIe)	\$ 5	500.00	S	500.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$		\$	
13b) Contributions to Candidates/Political Comm	mittees (CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		S	
15) Loan Repayments	(CRO-1420)	\$		S	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14	1, 15, 16 and 17)	\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then	subtract line 18)	\$	1074.61	\$	1074.61
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	S			
21) Outstanding Loans (incl. ones from other campa	igns) (CRO-1430)	S			
22) Debts and Obligations owed By the Committee	(CRO-1610)	S			
23) Debts and Obligations owed To the Committee	(CRO-1620)	S			
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)	S		\$	
28) Contributions to be Refunded	(CRO-1215)	S		\$	

1. Comr	nittee Full Name ((and Fund if applica	ble)			2. ID N	umber	
СОММІ	TTEE TO ELECT	TED G. GODWIN					244-88-50	48
3. Conti	ributor Informatio	on	\boxtimes	Add	Remove			
WOLD BY	me, Mailing Address &			b. Job Title/Professi		d. Comm	ents	
	e city, state, & zip)			SELF-EMPLOY	ED			
	TH LUCAS			DEVELOPER	color and performs			
	HAPEL HILL RD.			c. Employer's Name	/Specific Field	_		
KALEIC	GH, NC 27607					e. Electio	on Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	yyy)	k. Amour	ıt
	A	CHECK			05/21/	2020	S	500.0
							s	
							S	
3. Conti	ributor Informatio	on		Add 🔲 F	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comm	ients	
(includ	e city, state, & zip)							
				-				
				c. Employer's Name	/Specific Field			
				c. Employer's Name	/Specific Field	Floris	S D	20
				c. Employer's Name	/Specific Field		on Sum to Date	a a
	g Account Code	h Form of Payment	i In-			s		ii ii
	g. Account Code	h. Form of Payment	i. In-	c. Employer's Name	/Specific Field j. Date (mm/dd/y	s	k. Amour	nt
f. Prior	g. Account Code	h. Form of Payment	i. In-			s	k. Amour	nt
	g. Account Code	h. Form of Payment	i. In-			s	k. Amour \$	nt
f. Prior				Kind Description	j. Date (mm/dd/	s	k. Amour	nt
f. Prior	ributor Informatio	on	i. In-	Kind Description	j. Date (mm/dd/y	\$	k. Amour \$ \$ \$	nt
f. Prior		on		Kind Description	j. Date (mm/dd/y	s	k. Amour \$ \$ \$	nt
f. Prior	ributor Information	on		Kind Description	j. Date (mm/dd/	\$	k. Amour \$ \$ \$	nt
f. Prior	ributor Information	on		Kind Description Add F	j. Date (mm/dd/	d. Comm	k. Amour S S S	nt
f. Prior	ributor Information	on		Kind Description Add F	j. Date (mm/dd/	d. Comm	k. Amour \$ \$ \$	nt
f. Prior	ributor Informatione, Mailing Address of ecity, state, & zip)	on & Phone		Add F b. Job Title/Professi c. Employer's Name	j. Date (mm/dd/s	d. Comm	k. Amour \$ \$ \$ enents	
f. Prior	ributor Information	on		Kind Description Add F	j. Date (mm/dd/	d. Comm	k. Amour S S S nents	
f. Prior	ributor Informatione, Mailing Address of ecity, state, & zip)	on & Phone		Add F b. Job Title/Professi c. Employer's Name	j. Date (mm/dd/s	d. Comm	k. Amour S S S nents k. Amour S k. Amour S	
f. Prior	ributor Informatione, Mailing Address of ecity, state, & zip)	on & Phone		Add F b. Job Title/Professi c. Employer's Name	j. Date (mm/dd/s	d. Comm	k. Amour S S S nents	

5. Total of ALL CRO-1210 Pages

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

500.00

\$