

Disclosure Report Cover

Amendment
 Yes No

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

1. Committee Information	
a. Full Name COMMITTEE TO ELECT TED G. GODWIN	c. ID Number 244-88-5048
b. Mailing Address (include City, State and Zip Code) PO BOX 1249 SMITHFIELD, NC 27577	d. Date Filed
	e. Phone Number

2. Report Year 2020	3. Period Start Date (mm/dd/yy) 10/18/2020	4. Period End Date (mm/dd/yy) 12/31/2020	5. Treasurer Full Name D. LEE JACKSON
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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	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input 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
7. Type of Fund (if applicable, check one)		<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 checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input checked="" 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	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name KS BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 2205.37		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.

DAVID JACKSON [Signature]
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 1-12-21 Employee: lap

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.

Detailed Summary

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	
COMMITTEE TO ELECT TED G. GODWIN	QUARTERLY	244-88-5048	
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2205.37	\$ 2205.37
RECEIPTS			
5) Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$ 1750.00	\$ 1750.00
6) Contributions from Individuals	<i>(CRO-1210)</i>	\$	\$
7) Contributions from Political Party Committees	<i>(CRO-1220)</i>	\$	\$
8) Contributions from Other Political Committees	<i>(CRO-1230)</i>	\$	\$
9) Loan Proceeds	<i>(CRO-1410)</i>	\$	\$
10) Refunds/Reimbursements To the Committee	<i>(CRO-1240)</i>	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	<i>(CRO-1250)</i>	\$	\$
11b) Contributions from Not-for-Profit Organizations	<i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	<i>(CRO-1250)</i>	\$	\$
11d) Legal Expense Fund – Other Sources	<i>(CRO-1270)</i>	\$	\$
11 e) Exempt Purchase Price Sales	<i>(CRO-1265)</i>	\$	\$
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 1750.00	\$ 1750.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	<i>(CRO-1310)</i>	\$ 3118.17	\$ 3118.17
13b) Contributions to Candidates/Political Committees	<i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures	<i>(CRO-1310)</i>	\$	\$
14) Aggregated Non-Media Expenditures	<i>(CRO-1315)</i>	\$	\$
15) Loan Repayments	<i>(CRO-1420)</i>	\$	\$
16) Refunds/Reimbursements From the Committee	<i>(CRO-1320)</i>	\$	\$
17) In-Kind Contributions	<i>(CRO-1510)</i>	\$	\$
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$	\$
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 837.20	\$ 837.20
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	<i>(CRO-1330)</i>	\$	
21) Outstanding Loans (incl. ones from other campaigns)	<i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	<i>(CRO-1610)</i>	\$	
23) Debts and Obligations owed To the Committee	<i>(CRO-1620)</i>	\$	
24) Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$	
25) Administrative Support	<i>(CRO-1710)</i>	\$	\$
26) Forgiven Loans	<i>(CRO-1440)</i>	\$	\$
27) 48-Hour Notice Reports Sum	<i>(CRO-2220)</i>	\$	\$
28) Contributions to be Refunded	<i>(CRO-1215)</i>	\$	\$

Contributions from Individuals

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	
COMMITTEE TO ELECT TED G. GODWIN					244-88-5048	
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	
LINDA STEVENS 7210 FLOWER HILL RD MIDDLESEX, NC 27557			SELF EMPLOYED			
			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"/>	A	CHECK		10/18/2020	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
JOHN B. ELEMORE 116 SUNNYBROOK LANE SELMA, NC 27576			RETIRED			
			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"/>	A	CHECK		10/18/2020	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
L D STARLING, JR. 104 E. ARROWHEAD DR. CLINTON, NC 28328			ATTORNEY			
			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"/>	A	CHECK		10/18/2020	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages					\$ 1750.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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	
COMMITTEE TO ELECT TED G. GODWIN					244-88-5048	
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	
ELEANOR A. JOHNSON PO BOX 790 KENLY, NC 27542			RETIRED			
			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"/>	A	CHECK		10/19/2020		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
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	
W.E.B. ANDREWS 717 S. CRESCENT DR. SMITHFIELD, NC 27577			RETIRED			
			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"/>	A	CHECK		10/19/2020		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
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	
HOPE M. MOORE 1165 SCOTT RD. KENLY, NC 27542			SELF EMPLOYED			
			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"/>	A	CHECK		10/19/2020		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1050.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1750.00	

Contributions from Individuals

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	
COMMITTEE TO ELECT TED G. GODWIN						244-88-5048	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) HAROLD KEEN 1121 BOYETTE RD. FOUR OAKS, NC 27524				b. Job Title/Profession BANKER		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Sum to Date \$			
				f. Prior <input type="checkbox"/>		g. Account Code A	
						j. Date (mm/dd/yyyy) 10/27/2020	
						k. Amount \$ 250.00	
						\$	
						\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) RICHARD DURHAM PO BOX 635 KENLY, NC 27542				b. Job Title/Profession MECHANIC		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Sum to Date \$			
				f. Prior <input type="checkbox"/>		g. Account Code A	
						j. Date (mm/dd/yyyy) 10/20/2020	
						k. Amount \$ 100.00	
						\$	
						\$	
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 <input type="checkbox"/>		g. Account Code	
						j. Date (mm/dd/yyyy)	
						k. Amount \$	
						\$	
						\$	
4. Total only this Page						\$ 350.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 1750.00	

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	
COMMITTEE TO ELECT TED G. GODWIN					244-88-5048	
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 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
BENTON CARD COMPANY PO BOX 369 BENSON, NC 27504						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 876.42	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	A	10/18/2020	\$876.42	ADVERTISING	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
TED G. GODWIN						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2241.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	CHECK	A	10/21/2020	\$2241.75	REIMBURSEMNT	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
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	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
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					\$ 3118.17	
6. Total of ALL CRO-1310 Pages					\$ 3118.17	
<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 (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)						