



Statement of Organization - Candidate Committee

Amendment
 Yes No

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 Committee to Elect Catherine Cooke		c. ID Number 2DFS00	
b. Mailing Address (include City, State and Zip Code) 80 Fairway Drive Shallotte, NC 28470		d. Date Organized 12-10-2015	
		e. Phone Number 910-443-2437	
2. Candidate Information			
a. Full Name Catherine D. Cooke		e. Candidate ID Number 2DFS00	<input type="checkbox"/> Candidate's Primary Committee
b. Mailing Address (include City, State, and Zip Code) 80 Fairway Dr. Shallotte NC 28470		f. Party Affiliation Republican <small>(Indicate Non-partisan if applicable)</small>	
c. Phone Number 910-443-2437		g. Office Sought Board of Education	i. Jurisdiction
d. Email Address catherinedcooke@gmail.com		h. Next Election Year 2020	
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Catherine D. Cooke		a. Full Name Catherine Cooke	
b. Mailing Address (include City, State, and Zip Code) 80 Fairway Drive Shallotte, NC 28470		b. Mailing Address (include City, State, and Zip Code) 80 Fairway Drive Shallotte, NC 28470	
c. Phone Number 910-443-2437	d. Email Address catherinedcooke@gmail.com	c. Phone Number 910-443-2437	d. Email Address catherinedcooke@gmail.com
<input type="checkbox"/> I prefer to receive notices by email		<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	b. Purpose
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
c. Phone Number	d. Email Address		
<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.

Catherine Cooke Catherine D. Cooke 12/10/2015
 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 for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name:

Catherine Cooke

Treasurer Name:

Catherine Cooke

Treasurer Address:

80 Fairway Drive

(include city, state, & zip)

Shalotts, NC 28470

Treasurer Phone:

910-443-2437

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).

12/18/2015
 Date Signed

Catherine A Cooke
 Signature of Candidate



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Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name:

Committee to Elect Catherine Cooke

Treasurer Name:

Catherine Cooke

Treasurer Address:

80 Fairway Drive

(include city, state, & zip)

Shallotte, NC 28470

Treasurer Phone:

910-443-2437

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12/18/2015
 Date Signed

Catherine Cooke
 Signature