

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 | | c. ID Number | |
| CATHY STARNES FOR CLERK OF COURT | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| PO BOX 331 NEWTON, NC 28658 | | 01/17/2018 | |
| | | e. Phone Number | |
| | | (828) 464-9535 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2017 | 07/01/2017 | 12/31/2017 | PATRICIA HARRISON COOK |
| 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 | |
| <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC | | <input type="checkbox"/> Organizational | |
| <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Thirty-five day | |
| | | <input type="checkbox"/> Pre-primary | |
| | | <input type="checkbox"/> Pre-election | |
| | | <input type="checkbox"/> Pre-runoff | |
| | | <input type="checkbox"/> Semi-annual | |
| | | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Final | |
| | | <input type="checkbox"/> Special | |
| 7. Type of Fund (if applicable, check one) | | State/County | |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Organizational | |
| <input type="checkbox"/> Building Fund | | Quarterly | |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> First | |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Second | |
| | | <input type="checkbox"/> Third | |
| | | <input type="checkbox"/> Fourth | |
| | | <input type="checkbox"/> Semi-annual | |
| | | <input type="checkbox"/> Mid Year | |
| | | <input checked="" type="checkbox"/> Year End | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Final | |
| | | <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| 1 | | | |
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| PEOPLES BANK | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| CAMPAING ACCT | CJS | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 0.00 | | \$ |
| 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 | | | |
| <u>Patricia H. Cook</u> Printed Name of Signer | | <u>Patricia H. Cook</u> Signature of Appointed Treasurer | |
| | | 01/17/2018 Date | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | _____ | Employee: | _____ |
| Date Postmarked: | _____ | Employee: | _____ |
| Date Scanned: | _____ | Employee: | _____ |
| Date Data Entered: | _____ | Employee: | _____ |
| | | Delivery Method | |
| | | <input type="checkbox"/> Normal Mail | |
| | | <input type="checkbox"/> Registered Mail | |
| | | <input type="checkbox"/> Hand Delivered | |
| | | <input checked="" type="checkbox"/> Electronically Filed | |
| | | <input type="checkbox"/> 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. | | | |