

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).

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name

Cathy Starnes for Clerk of Court

c. ID Number

b. Mailing Address (include City, State and Zip Code)

PO BOX 331
Newton, NC 28658

d. Date Organized

7/3/2017

e. Phone Number

828-256-1709



2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

Cathy J. Starnes

e. Candidate ID Number

f. Party Affiliation

Republican

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

PO BOX 331
Newton, NC 28658

g. Office Sought

Clerk of Court

c. Phone Number

828-256-1709

d. Email Address

cathystarnesforclerk@gmail.com

h. Next Election Year

2018

i. Jurisdiction

County

☐ Email copy of notices

3. Treasurer Information

a. Full Name

Patricia H Cook

4. Custodian of Books Information

a. Full Name

N/A

b. Mailing Address (include City, State, and Zip Code)

PO BOX 331
Newton NC 28658

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

828-464-9535

d. Email Address

cathystarnesforclerk@gmail.com

c. Phone Number

d. Email Address

I prefer to receive notices by email ☐ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

a. Full Name

N/A

☐ Add
☐ Remove

6. Account Information - (incl. CRO-3500)

a. Financial Institution Full Name

Peoples Bank

☒ Add
☐ Remove

b. Mailing Address (include City, State, and Zip Code)

b. Purpose

Campaign Account

c. Phone Number

d. Email Address

c. Account Code

CJS

d. Type

Checking

☐ 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.

Cathy J Starnes

Printed Name of Signer

Signature of Appointed Treasurer

7/3/2017

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 2761-7255
(919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Cathy J. Starnes

Treasurer Name: Patricia H Cook

Treasurer Address: PO BOX 331

(include city, state, & zip) Newton NC 28658

Treasurer Phone: 828-464-9535

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).

7-3-17

Date Signed

Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Cathy J. Starnes
Committee Name: Cathy Starnes for Clerk of Court
Treasurer Name: Patricia H Cook
If Candidate is own treasurer, designate an agent to carry out designation: N/A
Committee ID#: 0
Level Registered: [State] [County] If county, specify Catawba

I, Cathy J. Starnes hereby direct that in the event of my
(Name of Candidate)

death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Sandy Ridge Baptist Church</u>	<u>50%</u>
2. <u>New Vision Presbyterian Church</u>	<u>50%</u>
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: 
Date: 7/3/17

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.