

Statement of Organization - Candidate Committee

Is this statement:

☒ New

☐ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information					
a. Name of Committee Vote for Cooki				d. ID Number	
b. Mailing Address (include City, State and Zip Code) 1564 17th Ave SW Hickory, NC 28602				e. Date Organized 7/8/2025	
c. Committee Website (Optional)				f. Phone Number (520) 604-8777	
2. Candidate Information					
a. Full Name Helen Barbara (Cooki) Turner			e. Party Affiliation Non-Partisan		
b. Mailing Address (include City, State, and Zip Code) 1564 17th Ave SW Hickory, NC 28602			f. Office Sought Alderman		
c. Phone Number (520) 604-8777	d. Email Address itscooki@gmail.com		g. Next Election Year 2025	h. Jurisdiction Brookford	
<input type="checkbox"/> Email copy of report notices					
3. Treasurer Information			4. Assistant Treasurer Information		
a. Full Name Helen Barbara (Cooki) Turner			a. Full Name N/A		
b. Mailing Address (include City, State, and Zip Code) 1564 17th Ave SW Hickory, NC 28602			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number (520) 604-8777	d. Email Address itscooki@gmail.com		c. Phone Number	d. Email Address	
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Email copy of report notices		
5. Custodian of Books Information (Keeper of Records)					
a. Full Name N/A			a. Financial Institution Full Name N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address		b. Account Code	c. Type	
<input type="checkbox"/> Email copy of report notices					
6. Account Information (incl. CRO-3500)					
I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.					
HELEN B. TURNER		HELEN B. TURNER		7-8-25	
Printed Name of Treasurer		Signature of Appointed Treasurer		Date	
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.					
HELEN B. TURNER		HELEN B. TURNER		7-8-25	
Printed Name of Candidate		Signature of Candidate		Date	



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: Vote for Cooki

Treasurer Name: Helen Barbara (Cooki) Turner

Treasurer Address: 1564 17th Ave SW

(include city, state, & zip) Hickory, NC 28602

Treasurer Phone: (520) 604-8777

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

I am withdrawing my Certification to remain 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 from the beginning of the current election cycle. I further agree to file all future reports required.

7-8-25

Date Signed

Helen B. Turner

Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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).

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

Candidate Name: Helen Barbara (Cooki) Turner
Committee Name: Vote for Cooki
Treasurer Name: Helen Barbara (Cooki) Turner
If Candidate is own treasurer, designate an agent to carry out designations: Michelle Jarosinski
Committee ID#: _____
Level Registered: [State] [County] If county, specify: Catawba

I, Helen Barbara (Cooki) Turner hereby direct that in the event of my death or incapacity all
(Name of Candidate)
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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Children's Advocacy Center of Catawba</u>	<u>100%</u>
2. _____	_____
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: _____

Helen B. Turner

7-8-25