Statement of Organization - Candidate Committee

Is	this s	statement:	
V	New	Amended	

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

- m	form must be accompanied by form	ODO 25	00 A	- amonded form in	required for a	och new election wear
I his	form must be accompanied by form	1 UKU-33	IUU. A	in amended form is	required for co	acii ilew cicciion year.

	accompanied by form CKC	7-3300. All alli	ended form is requir	cu for cucii	new creene	ii your.	9
1. Committee Inf				3 (3)	d. ID Nu	mhar	
a. Name of Committee						indei	
	OR CLERK OF SUPERI				D (0		
	nclude City, State and Zip Code)				rganized	
119 3RD ST NE	, CONOVER NC 28613				7/30/20		ļ
c. Committee Website	e (Optional)			f. Phone	f. Phone Number		
					828-46	4-9535	
2. Candidate Info	rmation		View Carry W			Property of the second	
a. Full Name		And the second s	e. Party Affiliation	على المالية ال			
PATRICIA HARI	RISON COOK		REPUBLICAN				
b. Mailing Address (i	nclude City, State, and Zip Code	e)	f. Office Sought				
119 3RD ST NE CONOVER NC 28613			CLERK OF SUPERIOR COURT				
. Phone Number	d. Email Address		g. Next Election Year	r I	h. Jurisdiction		
828-464-9535	pattycook1964@yaho	o com			0.4.7.4.5.5	OOUNTY/	
☐ Email copy of			2026	19	CATAWBA	COUNTY	
3. Treasurer Info			4. Assistant Trea	4. Assistant Treasurer Information			1
a. Full Name	A STREET OIL		a. Full Name				
PATRICIA HAR	RISON COOK						
	nclude City, State, and Zip Code	e)	b. Mailing Address (i	include City.	State and Zip	Code)	
	CONOVER NC 28613	·,					
110 0110 01 112	,, 0011012111102010						
c. Phone Number	d. Email Address		c. Phone Number	d. Email A	ddress		
828-464-9535	pattycook1964@yaho	o.com					
			☐ Email copy of	report notic	200		ł
Send report Send report	notices by email Vo looks Information (Keeper		6. Account Inform		incl. CRO-350	00)	1
a. Full Name			a. Financial Institution Full Name				
- Andrew St. Martin Control of the C			Peoples	Ban	E	DERE	IWI
b. Mailing Address (i	nclude City, State, and Zip Cod	e)	A SHANNE	1000		1000	
<u>9</u>	Committee Bridge	699-60-70				JUL 3	2025
c. Phone Number	d. Email Address		b. Account Code	c. Type	4.	Ru	
			PHC	06	Cobin	Бу	<u> </u>
☐ Email copy of	f report notices		7 7110	Ch	Cckin	9	J
General Statutes	Committee is in compliances and that no funds are committee true and correct	e with all appli	cable provisions of a rohibited or other no	Article 22A n-disclosed	of Chapter funds. I fu	163 of the NC arther certify that	
this report is complete, true and correct.			12 0 07/			30/2025	1
Patricia H. Cook Printed Name of Treasurer Si			ignature of Appointed Treasurer			Date	
							l
I certify that the i	nformation above is correct	, and I, as the o	andidate, appoint sa	id treasurer	to persona	lly fulfill the	1
	sibilities imposed upon the	appointed treas	urer and subject to the	he penalties	in Article	22A of Chapter	
163 of the NC Ge		(c)	+ HP	L	7/3	0/2025	
Patricia H. Cook Printed Name of Candidate			Signature of Candida	uto.		Date	
Print	ed iname of Candidate		Signature of Candida	410		Dute	.H



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JUL 3 0 2025

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. PATRICIA H. COOK Candidate Name: PATTY COOK FOR CLERK OF SUPERIOR COURT Committee Name: PATRICIA H. COOK Treasurer Name: If Candidate is own treasurer, designate an agent to carry out designations: _____ James Michael Cook Committee ID #: [State] [County] If county, specify: CATAWBA COUNTY Level Registered: PATRICIA H. COOK ____, 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 Plan for Disbursement (eg. Amount or %) (Select from §163-278.16B(a)) 1. OXFORD BAPTIST CHURCH 100% 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: CRO-3900 Candidate Designation of Committee Funds