

# 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.

a. Name of Committee	d. ID Number
James Robert Hooks	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
P.O. Box 307 Pikeville, NC 27863	7-15-23
c. Committee Website (Optional)	f. Phone Number

a. Full Name	e. Party Affiliation
James Robert Hooks	NCN Partisan
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
P.O. Box 307 Pikeville, NC 27863	Pikeville Commissioner
c. Phone Number	g. Next Election Year
	2025
d. Email Address	h. Jurisdiction
Robert Hooks@gmail.com	Pikeville NC
<input type="checkbox"/> Email copy of report notices	

a. Full Name	a. Full Name
James Robert Hooks	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
P.O. Box 307 Pikeville, NC 27863	
c. Phone Number	d. Email Address
	Robert Hooks@gmail.com
<input type="checkbox"/> Send report notices by email	<input type="checkbox"/> Email copy of report notices
<input type="checkbox"/> Yes <input type="checkbox"/> No	

a. Full Name	a. Financial Institution Full Name
	BY _____
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	b. Account Code
d. Email Address	c. Type
<input type="checkbox"/> Email copy of report notices	

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.

James Robert Hooks      James Robert Hooks      7-15-23  
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.

James Robert Hooks      James Robert Hooks      7-15-23  
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: James Robert Hooks

Treasurer Name: James Robert Hooks

Treasurer Address: 106 PARKS DRIVE PO. 347

(include city, state, & zip) PIKEVILLE, NC 27867

Treasurer Phone: [REDACTED]

#### 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.

7-18-23  
Date Signed

James Robert Hooks  
Signature