

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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		d. ID Number	
Ricky Hooks for Wayne County Sheriff			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
895 Friendly Drive, Goldsboro, NC 27530		4/11/2025	
c. Committee Website (Optional)		f. Phone Number	
		919-222-4236	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Ricky Paul Hooks		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
895 Friendly Drive, Goldsboro, NC 27530		Sheriff	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-222-4236	ncshpp@outlook.com	2026	County
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Laura Hill		Wayne County Board of Elections	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
104 Ashworth Drive, Goldsboro, NC 27530		APR 17 2025	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-222-6074	sdlhill@yahoo.com		Received By _____
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)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Lisa E. Hooks		Southern Bank & Trust	
b. Mailing Address (include City, State, and Zip Code)			
895 Friendly Drive, Goldsboro, NC 27530			
c. Phone Number	d. Email Address	b. Account Code	c. Type
919-222-4236	addnitup@hotmail.com	1	Checking
<input checked="" type="checkbox"/> Email copy of report notices			
<p>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.</p>			
<p>_____ Laura Hill Printed Name of Treasurer</p>		<p>_____ [Signature] Signature of Appointed Treasurer</p>	
		<p>_____ 4/11/2025 Date</p>	
<p>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.</p>			
<p>_____ Ricky Paul Hooks Printed Name of Candidate</p>		<p>_____ [Signature] Signature of Candidate</p>	
		<p>_____ 4/11/2025 Date</p>	



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Wayne County
Board of Elections

APR 1 / 2025

Received
By _____

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: Ricky Hooks

Committee Name: Ricky Hooks for Wayne County Sheriff

Treasurer Name: Laura Hill

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Wayne County

I, Ricky P. Hooks, 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Trooper Nolan Sanders Foundation</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: 04/11/2025