

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		d. ID Number	
Committee to Elect Ben Cox			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
P O Box 263, Concord NC 28026		10/8/25	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Ben Allen Cox		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
P O Box 263 Concord, NC 28026		Cabarrus County Clerk of Court	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-699-0077	coxforklerkofcourt@gmail.com	2026	Cabarrus
☐ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Ben Allen Cox			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
P O Box 263 Concord, NC 28026			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-699-0077	coxforklerkofcourt@gmail.com		
Send report notices by email ☐ Yes ☐ No		☐ 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	
Ben Allen Cox		Uwharrie Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
P O Box 263 Concord, NC 28026		25 Palaside Dr NE Concord, NC 28025	
c. Phone Number	d. Email Address	c. Type	
704-699-0077	coxforklerkofcourt@gmail.com	BAC1	Checking
☐ 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.

Ben Allen Cox

Printed Name of Treasurer

Signature of Appointed Treasurer

10/8/25

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.

Ben Allen Cox

Printed Name of Candidate

Signature of Candidate

10/8/25

Date