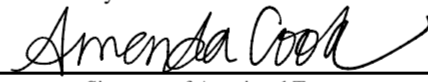


**Disclosure Report Cover**

Amendment  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
 Do not use this form to update information.

<b>1. Committee Information</b>				
<b>a. Full Name</b>		RECEIVED 3/8/2022		<b>c. ID Number</b>
AMANDA PARSONS COOK		GUIFORD ELECTIONS		
<b>b. Mailing Address (include City, State and Zip Code)</b>				<b>d. Date Filed</b>
707 OVERBROOK DRIVE HIGH POINT, NC 27262				3/8/2022
				<b>e. Phone Number</b>
				(336) 754-9662
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>	
2022	2/24/22	3/8/22	AMANDA COOK	
<b>6. Type of Committee (Check One)</b>			<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund			<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>			<b>State/County</b>	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			<input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b>			<b>10. Special Report Name</b>	
0				
<b>11. Account Information</b>			<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b>			<b>a. Financial Institution Full Name</b>	
STATE EMPLOYEES CREDIT UNION				
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>	
CAMPAIGN FUNDS	I			
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>	
	\$ 0		\$	
<b>CERTIFICATION</b>				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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 and that I have been trained by the NC State Board of Elections.				
AMANDA P. COOK				3/8/22
Printed Name of Signer		Signature of Appointed Treasurer		Date
<b>FOR OFFICE USE ONLY</b>				
Date Received: _____	Employee: _____	<b>Delivery Method</b>		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training		
Date Data Entered: _____	Employee: _____			
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

**Detailed Summary**

Amendment  
 Yes  No

Use this form to summarize all disclosure reporting forms and to total monetary information

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>	<b>3. ID Number</b>
ELECT AMANDA COOK			
<b>Start of Election Cycle: January 1, 2022</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>		\$ 0	\$ 0
<b>RECEIPTS</b>			
<b>5) Aggregated Contributions from Individuals (CRO-1205)</b>		\$	\$
<b>6) Contributions from Individuals (CRO-1210)</b>		\$	\$
<b>7) Contributions from Political Party Committees (CRO-1220)</b>		\$	\$
<b>8) Contributions from Other Political Committees (CRO-1230)</b>		\$	\$
<b>9) Loan Proceeds (CRO-1410)</b>		\$ 207	\$ 207
<b>10) Refunds/Reimbursements to the Committee (CRO-1240)</b>		\$	\$
<b>11) Other Receipt Sources</b>			
<b>11a) Interest on Bank Accounts (CRO-1250)</b>		\$	\$
<b>11b) Contributions from Not-For-Profit Organizations (CRO-1250)</b>		\$	\$
<b>11c) Outside Sources of Income (CRO-1250)</b>		\$	\$
<b>11d) Legal Expense Fund - Other Sources (CRO-1270)</b>		\$	\$
<b>11e) Exempt Purchase Price Sales (CRO-1265)</b>		\$	\$
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)</b>		\$	\$
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
<b>13a) Operating Expenditures (CRO-1310)</b>		\$ 207	\$ 207
<b>13b) Contributions to Candidates/Political Committees (CRO-1310)</b>		\$	\$
<b>13c) Coordinated Party Expenditures (CRO-1310)</b>		\$	\$
<b>14) Aggregated Non-Media Expenditures (CRO-1315)</b>		\$	\$
<b>15) Loan Repayments (CRO-1420)</b>		\$	\$
<b>16) Refunds/Reimbursements from the Committee (CRO-1320)</b>		\$	\$
<b>17) In-Kind Contributions (CRO-1510)</b>		\$	\$
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$	\$
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 0	\$ 0
<b>ADDITIONAL INFORMATION</b>			
<b>20) Non-Monetary Gifts Given to Other Committees (CRO-1330)</b>		\$	
<b>21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)</b>		\$	
<b>22) Debts and Obligations owed by the Committee (CRO-1610)</b>		\$	
<b>23) Debts and Obligations owed to the Committee (CRO-1620)</b>		\$	
<b>24) Account Transfers Within the Committee (CRO-1720)</b>		\$	
<b>25) Administrative Support (CRO-1710)</b>		\$	\$
<b>26) Forgiven Loans (CRO-1440)</b>		\$	\$
<b>27) 48-Hour Notice Reports Sum (CRO-2220)</b>		\$	\$
<b>28) Contributions to be Refunded (CRO-1215)</b>		\$	\$

**Disbursements**

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
ELECT AMANDA COOK						
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
GUILFORD COUNTY BOARD OF ELECTIONS PO BOX 3427 GREENSBORO, NC 27402						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
I	CASHIERS CHECK	H	02/24/22	\$ 207	FILING FEES	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
				\$		
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
				\$		
				\$		
<b>5. Total only this Page</b>					\$ 207	
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 207	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						



### Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: ELECT AMANDA COOK
- Person or committee to make loan: AMANDA COOK
- Date of loan to committee: 2/24/22
- Name of lending institution (source):  
STATE EMPLOYEES CREDIT UNION
- Amount of loan: \$207
- Description (if in-kind loan): \_\_\_\_\_
- Names of all parties responsible for payment of loan (guarantors):  
COMMITTEE TO ELECT AMANDA COOK
- Period of loan: 1 YEAR FROM FEBRUARY 24, 2022
- Rate of interest of loan: 0%
- Security pledged for loan: \_\_\_\_\_

I, AMANDA COOK, acknowledge that all of the information  
(Person lending money to committee)  
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Amanda Cook 2/24/22  
Signature of Lender Date Signed  
Amanda Cook 2/24/22  
Signature of Treasurer of Committee Date Signed

**Loan Proceeds**

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
ELECT AMANDA COOK					
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
AMANDA COOK 707 OVERBROOK DRIVE HIGH POINT, NC 27262		NONPROFIT FOUNDER			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		THE TEACHER'S EDGE, INC		2/24/22	
				<b>f. End Date (mm/dd/yyyy)</b>	
				2/24/23	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
0 %		I	CASHIERS CHECK	\$ 207	
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
RECEIVED 3/8/2022 GUILFORD ELECTIONS					
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
				% \$	
<b>5. Total of ALL CRO-1410 Pages</b>				\$	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					