

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			
Elect Isaiah Payne							
b. Mailing Address (include City, State and Zip Code)				e. Date Organized			
898 Haley St. Kannapolis, NC 28081				7/14/2025			
c. Committee Website (Optional)				f. Phone Number			
				828-432-7688			
2. Candidate Information							
a. Full Name				e. Party Affiliation			
Isaiah Payne				Non-Partisan			
b. Mailing Address (include City, State, and Zip Code)				f. Office Sought			
909 Haley St. Kannapolis, NC 28081				Council			
c. Phone Number		d. Email Address		g. Next Election Year		h. Jurisdiction	
828-432-7688				2025		City of Kannapolis	
<input type="checkbox"/> Email copy of report notices							
3. Treasurer Information				4. Assistant Treasurer Information			
a. Full Name				a. Full Name			
Isaiah Payne				N/A			
b. Mailing Address (include City, State, and Zip Code)				b. Mailing Address (include City, State, and Zip Code)			
898 Haley St. Kannapolis, NC 28081							
c. Phone Number		d. Email Address		c. Phone Number		d. Email Address	
828-432-7688							
Send report notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Email copy of report notices			
5. Custodian of Books Information (Keeper of Records)							
a. Full Name				a. Financial Institution Full Name			
N/A				Truist			
b. Mailing Address (include City, State, and Zip Code)				b. Purpose			
				Campaign Account			
c. Phone Number		d. Email Address		b. Account Code		c. Type	
				IP2025		Checking	
<input 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> <u>Isaiah Payne</u> <u>Isaiah Payne</u> <u>07/17/25</u> Printed Name of Treasurer Signature of Appointed Treasurer 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> <u>Isaiah Payne</u> <u>Isaiah Payne</u> <u>07/17/25</u> Printed Name of Candidate Signature of Candidate Date </p>							