

# 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

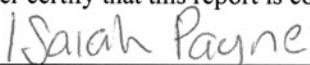
a. Full Name	e. Party Affiliation		
Isaiah Payne	Non-Partisan		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
909 Haley St. Kannapolis, NC 28081	Council		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-432-7688		2025	City of Kannapolis
<input type="checkbox"/> Email copy of report notices			

## 3. Treasurer Information

a. Full Name	e. Party Affiliation		
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			
<input type="checkbox"/> Email copy of report notices			

5. Custodian of Books Information (Keeper of Records)				6. Account Information (incl. CRO-3500)	CABARRUS COUNTY BOARD OF ELECTIONS
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					

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.



Printed Name of Treasurer

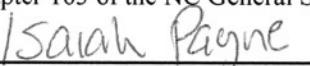


Signature of Appointed Treasurer



Date

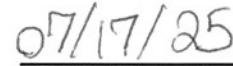
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.



Printed Name of Candidate



Signature of Candidate



Date