


JUL 12 2019

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment
 Yes No

1. Committee Information			
a. Full Name		c. ID Number	
Committee to elect Tom Kincaid			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
4716 Kannapolis Pkwy. Kannapolis N.C.28081		7/8/19	
		e. Phone Number	
		704-791-5463	
2. Candidate Information		Candidate's Primary Committee	
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Tommy Dale Kincaid			non-partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
4716 Kannapolis Pkwy. Kannapolis N.C. 28081		Kannapolis City Council	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
704-791-5463	mrtkincaid@gmail.com	2019	
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Tommy Dale Kincaid		Same	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
4716 Kannapolis Pkwy. Kannapolis N.C. 28081			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-791-5463	same		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		1st BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Treasurer	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	checking acc.
<input type="checkbox"/> Email copy of notices			
CERTIFICATION			
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.			
Tommy D. Kincaid			7/8/19
Printed Name of Signer		Signature of Appointed Treasurer	Date