

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 Brenda McCombs			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
201 Brookshire Ave. Kannapolis, NC 28083		12/1/2025	
c. Committee Website (Optional)		f. Phone Number	
		704-791-6999	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Brenda McCombs		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
201 Brookshire Ave. Kannapolis, NC 28083		Board of Education	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-791-6999	brenda.mccombs@kcs.k12.nc.us	2026	Kannapolis City Schools
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Brenda McCombs		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
201 Brookshire Ave. Kannapolis, NC 28083			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-791-6999	brenda.mccombs@kcs.k12.nc.us		
Send report notices by email <input checked="" type="checkbox"/> Yes <input 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		SECU	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		2026	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>BRENDA McCombs</u> <u>Brenda McCombs</u> <u>12-2-25</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>Brenda McCombs</u> <u>Brenda McCombs</u> <u>12-2-25</u> Printed Name of Candidate Signature of Candidate Date </p>			