## **Statement of Organization - Candidate Committee**

Is this statement:						
7	X	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.

2. Candidate Information a. Full Name Brenda McCombs  Amalling Address (include City, State, and Zip Code) 3. Treasurer Information a. Full Name Brenda McCombs  A. Assistant Treasurer Information a. Full Name Brenda McCombs  Board of Education Board of Education Cannapolis, NC 28083 c. Phone Number d. Email copy of report notices 3. Treasurer Information a. Full Name Brenda McCombs  Brenda McCom	STREET, SQUARE, SQUARE				
Elect Brenda McCombs  Mailing Address (include City, State and Zip Code)  20 I Brookshire Ave.  Kannapolis, NC 28083  20 I Brookshire Ave.  Beard of Education  A. Full Name  Brenda McCombs  M/A  Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Purpose  Campaign Account  C. Phone Number  D. Account Code  C. Type  2026  Checking  I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter I the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund further certify that this report is complete, true and correct.  Delender Complete I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally the duties and responsibilities imposed u	THE RESIDENCE AND RESIDENCE AN		Transparence		
b. Mailing Address (include City, State and Zip Code) 201 Brookshire Ave.  Kannapolis, NC 28083  c. Phone Number 704-791-6999  Drenda.mccombs@kcs.k12.nc.us  Brenda McCombs  J. Candidate Information  a. Full Name  Brenda McCombs  b. Mailing Address (include City, State, and Zip Code)  J. Candidate Information  a. Full Name  Brenda McCombs  b. Mailing Address (include City, State, and Zip Code)  J. Coffice Sought  J. Office	. Name of Committe	d. ID Number			
201 Brookshire Ave.  Kannapolis, NC 28083  a. Full Name  Brenda McCombs  b. Mailing Address (include City, State, and Zip Code)  C. Phone Number  704-791-6999  D. Email copy of report notices  3. Treasurer Information  3. Full Name  Brenda McCombs  Brenda McCombs  D. Mailing Address (include City, State, and Zip Code)  Brenda McCombs  D. Mailing Address  C. Phone Number  A. Assistant Treasurer Information  A. Full Name  Brenda McCombs  D. Mailing Address (include City, State, and Zip Code)  Brenda McCombs  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Purpose  CABARRUS (C. Account Information (incl. CRO-3500)  A. Financial Institution Full Name  D. Account Code  C. Type  Campaign Account  C. Phone Number  D. Account Code  C. Type  Campaign Account  C. Phone Number  D. Account Code  C. Type  Campaign Account  C. Type  D. Campaign Account  C. Phone Number  D. Account Code  C. Type  Campaign Account  C. Type  Campaig	Elect Brenda McC	Combs			
Kannapolis, NC 28083  c. Committee Website (Optional)  c. Phone Number  d. Email Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  C. Phone Number  d. Email Address  c. Phone Number  d. Email Address  d. Email Copy of report notices  d. Email Copy of report notices  d. Email Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Purpose  Campaign Account  C. Phone Number  d. Email Address  D. Account Information (incl. CRO-3300)  a. Financial Institution Full Name  Campaign Account  C. Phone Number  d. Email Address  D. Account Code  Campaign Account  C. Phone Number  d. Email Address  Campaign Account  C. Phone Number  d. Email Copy of report notices  D. Account Code  Campaign Account  C. Phone Number  d. Email Address  Campaign Account  C. Phone Number  d. Email Address  Campaign Account  C. Phone Number  d. Email Copy of Checking  Campaign Account  Campaign Accou	AND RESIDENCE AND ADDRESS OF THE PARTY OF TH			e. Date Organized	
2. Candidate Information  a. Full Name  Brenda McCombs  b. Mailing Address (include City, State, and Zip Code)  201 Brookshire Ave.  Kannapolis, NC 28083  c. Phone Number  J. Email copy of report notices  3. Treasurer Information  a. Full Name  Brenda McCombs  b. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Address (include City, State, and Zip Code)  D. Purpose  CABARRUS (DEAD STATE OF The CONTROL OF The Control Code)  D. Purpose  Campaign Account  C. Phone Number  D. Account Code  C. Type  Campaign Account  C. Phone Number  D. Account Code  C. Type  Campaign Account  C. Phone Number  D. Account Code  C. Type  Campaign Account  C. Phone Number  D. Account Code  C. Type  Campaign Account  C. Phone Number  D. Account Code  C. Type  Campaign Account  C. Phone Number  Campaign Account  Code  Campaign Account  Code  Checking				12/1/2025	
2. Candidate Information a. Full Name Brenda McCombs b. Mailing Address (include City, State, and Zip Code) 2. Office Sought 3. For Number   d. Email Address   d. Email Address   d. Email Copy of report notices   3. Treasurer Information   d. Email Address   d. Email Copy of report notices   d. Email Copy of report notices   d. Email Address   d. Email Address   d. Email Copy of report notices   d. Email Address   d. Email Address   d. Email Copy of report notices   d. Email Copy of report notices	. Committee Websit	e (Optional)		f. Phone Number	
Brenda McCombs  D. Mailing Address (include City, State, and Zip Code)  D. Mailing Add				704-791-6999	
Brenda McCombs  b. Mailing Address (include City, State, and Zip Code)  201 Brookshire Ave.  Kannapolis, NC 28083  c. Phone Number   d. Email Address   g. Next Election Year   h. Jurisdiction   2026   Kannapolis City Sch   2027   Mailing Address (include City, State, and Zip Code)   2028   Mailing Address (include City, State, and Zip Code)   2029   Brookshire Ave.   Mailing Address (include City, State, and Zip Code)   2020   Brookshire Ave.   Mailing Address (include City, State, and Zip Code)   2021 Brookshire Ave.   Mailing Address (include City, State, and Zip Code)   2026   Recent Neperson   2027   Mailing Address (include City, State, and Zip Code)   2028   Mailing Address (include City, State, and Zip Code)   2029   Brookshire Ave.   Mailing Address (include City, State, and Zip Code)   2020   Brookshire Ave.   Mailing Address (include City, State, and Zip Code)   2021 Brookshire Ave.   Mailing Address (include City, State, and Zip Code)   2022   Brookshire Ave.   Mailing Address (include City, State, and Zip Code)   2023   Brookshire Ave.   Mailing Address (include City, State, and Zip Code)   2024   CABARRUS (BOARD OF ELI OF ALL O		ormation			
Decorate	. Full Name		e. Party Affiliation		
Board of Education	Brenda McCombs	í.	Non-Partisan		
Kannapolis, NC 28083 c. Phone Number Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.pc. Phone Number Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.pc. Phone Number Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.pc. Phone Number Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.mccombs@kcs.k12.nc.us Deroda.pc. Phone Number Deroda.mccombs@kcs.k12.nc.us Deroda.pc. Phone Number Deroda.mccombs@kcs.k12.nc.us Deroda.pc. Phone Number Deroda.pc. Ph	o. Mailing Address (i	include City, State, and Zip Code)	f. Office Sought		
Kannapolis, NC 28083 c. Phone Number   d. Email Address   g. Next Election Year   h. Jurisdiction   T04-791-6999   brenda.mccombs@kcs.k12.nc.us	201 Brookshire A	ve.	Board of Education		
e. Phone Number   d. Email Address   g. Next Election Year   h. Jurisdiction	Kannapolis, NC 2	8083			
Email copy of report notices   2026   Rainiapolis City Schill S			g. Next Election Year	h. Jurisdiction	
3. Treasurer Information a. Full Name  Brenda McCombs b. Mailing Address (include City, State, and Zip Code) 201 Brookshire Ave. Kannapolis, NC 28083 c. Phone Number d. Email Address Send report notices by email   X   Yes   No   Email copy of report notices 5. Custodian of Books Information (Keeper of Rec 6. Account Information (Incl. CRO-3500) a. Full Name  N/A  b. Mailing Address (include City, State, and Zip Code)  CABARRUS C  BOARD OF EL  S. Custodian of Books Information (Keeper of Rec 6. Account Information (Incl. CRO-3500) a. Full Name  N/A  b. Mailing Address (include City, State, and Zip Code)  Campaign Account  b. Account Code c. Type  Campaign Account  c. Phone Number d. Email Address b. Account Code c. Type  2026  Checking  I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 1 the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund further certify that this report is complete, true and correct.  BLENDA MC COMBS 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 the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article of Chapter 163 of the NC General Statutes.	704-791-6999	brenda.mccombs@kcs.k12.nc.us	2026 Kannapolis City Schools		
a. Full Name  Brenda McCombs  b. Mailing Address (include City, State, and Zip Code)  201 Brookshire Ave.  Kannapolis, NC 28083 c. Phone Number   d. Email Address   DEC 0.2  Send report notices by email   X   Yes   No   Email copy of report notices   December   Email copy of report notices   December   Dece					
Brenda McCombs  b. Mailing Address (include City, State, and Zip Code)  201 Brookshire Ave.  Kannapolis, NC 28083  c. Phone Number   d. Email Address   DEC 0.2    704-791-6999   brenda.mccombs@kcs.k12.nc.us   CABARRUS 0    Send report notices by email   X   Yes   No   Email copy of report notices    5. Custodian of Books Information (Keeper of Rec 6. Account Information (incl. CRO-3500)    a. 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    Campaign Account    c. Phone Number   d. Email Address   b. Account Code   c. Type    Campaign Account    c. Phone Number   d. Email Address   b. Account Code   c. Type    Campaign Account    Campaign Account    c. Phone Number   d. Email Address   b. Account Code   c. Type    Campaign Account    Campaign		ormation		urer Information	
b. Mailing Address (include City, State, and Zip Code)  201 Brookshire Ave.  Kannapolis, NC 28083  c. Phone Number	a. Full Name		a. Full Name		
201 Brookshire Ave.  Kannapolis, NC 28083 c. Phone Number	Brenda McCombs	3	N/A		
Kannapolis, NC 28083  c. Phone Number	o. Mailing Address (	include City, State, and Zip Code)	b. Mailing Address (in	clude City, State, and Zip Code)	
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Send report notices by email X Yes No Email copy of report notices  5. Custodian of Books Information (Keeper of Rec 6. Account Information (Incl. CRO-3500)  a. Full Name  N/A  BECU  b. Mailing Address (include City, State, and Zip Code)  c. Phone Number d. Email Address  I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter I the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund further certify that this report is complete, true and correct.  BEENDA IN COMBS  Printed Name of Treasurer  I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article of Chapter 163 of the NC General Statutes.	Kannapolis, NC 2	8083		IN-PERSON	
Send report notices by email X Yes No Email copy of report notices  S. Custodian of Books Information (Keeper of Rec 6. Account Information (incl. CRO-3500)  a. Full Name  N/A  BECU  b. Mailing Address (include City, State, and Zip Code)  c. Phone Number d. Email Address  I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 1 the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund further certify that this report is complete, true and correct.  BEENDA MCCONDS  Printed Name of Treasurer  I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article of Chapter 163 of the NC General Statutes.	. Phone Number	d. Email Address	c. Phone Number	d. Email Address DEC 0 2 202	
Send report notices by email X Yes No Email copy of report notices  5. Custodian of Books Information (Keeper of Rec 6. Account Information (incl. CRO-3500)  a. Full Name  N/A  SECU  b. Mailing Address (include City, State, and Zip Code)  Campaign Account  c. Phone Number d. Email Address  b. Account Code c. Type  Campaign Account  Checking  I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 1 the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund further certify that this report is complete, true and correct.  BRENDA MCCOMBS  Printed Name of Treasurer  Date  I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Articl of Chapter 163 of the NC General Statutes.	704-791-6999	brenda.mccombs@kcs.k12.nc.us		CABARRUS COUR	
5. Custodian of Books Information (Keeper of Rec 6. Account Information (incl. CRO-3500)  a. 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  I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 1 the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund further certify that this report is complete, true and correct.  BRENDA MCCOMDS  Printed Name of Treasurer  I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article of Chapter 163 of the NC General Statutes.	Send report not	ices by email X Yes No	☐ Email copy of		
N/A  b. Mailing Address (include City, State, and Zip Code)  c. Phone Number d. Email Address  b. Account Code c. Type  Campaign Account  c. Phone Number d. Email Address  b. Account Code c. Type  2026 Checking  I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 1 the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund further certify that this report is complete, true and correct.  BEENDA MCCONDS  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 the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article of Chapter 163 of the NC General Statutes.	5. Custodian of I	Books Information (Keeper of Re			
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Campaign Account  c. Phone Number d. Email Address b. Account Code c. Type  Description of report notices 2026 Checking  I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 1 the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund further certify that this report is complete, true and correct.    Beendam   Combs   Signature of Appointed Treasurer   Date		N/A	SECU		
Email copy of report notices    Description   Lens   Lens	b. Mailing Address (	include City, State, and Zip Code)	b. Purpose		
Email copy of report notices  I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 1 the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fund further certify that this report is complete, true and correct.    Brenda M Combs   12-2-25     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 the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article of Chapter 163 of the NC General Statutes.			Campaign Account		
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Printed Name of Candidate  Printed Name of Candidate  Signature of Candidate  Date	the duties and res of Chapter 163 o	sponsibilities imposed upon the app f the NC General Statutes.	ointed treasurer and	subject to the penalties in Article 22.	