

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	
THOMAS FOR LIBERTY			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
10896 PIONEER MILL ROAD CONCORD NC 28025		12/30/2019	
c. Committee Website (Optional)		f. Phone Number	
thomas4cabarrus.com		704.794.5638	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
THOMAS BROWN HILL		LIBERTARIAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
10896 PIONEER MILL ROAD CONCORD NC 28025		County Commission	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704.794.5638	thomasbhill@msn.com	2020	CABARRUS
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
THOMAS BROWN HILL			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
10896 Pioneer Mill Road CONCORD NC 28025			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-794-5638	thomasbhill@msn.com		
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		FIRST CITIZENS BANK	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		A	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>THOMAS HILL Printed Name of Treasurer</p>		<p>Thomas B Hill Signature of Appointed Treasurer</p>	
		<p>12/30/2019 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>THOMAS HILL Printed Name of Candidate</p>		<p>Thomas B Hill Signature of Candidate</p>	
		<p>12/30/2019 Date</p>	