

Statement of Organization - Candidate Committee

Is this statement:

☒ New

☐ Amended

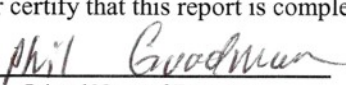

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

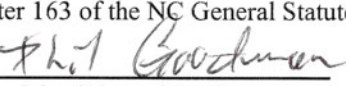
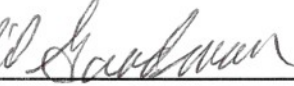
1. Committee Information			
a. Name of Committee		d. ID Number	
Committee to Elect Phil Goodman			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1005 Central Dr. Kannapolis, NC 28083		7/9/2025	
c. Committee Website (Optional)		f. Phone Number	
		704-796-0803	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Phil Goodman		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1005 Central Dr. Kannapolis, NC 28083		Council - Unexpired Term	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-796-0803	pmgoodman1951@gmail.com	2025	City of Kannapolis
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Phil Goodman		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1005 Central Dr. Kannapolis, NC 28083			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-796-0803	pmgoodman1951@gmail.com		
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)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

RECEIVED
IN-PERSON
JUL 09 2025
CABARRUS COUNTY
BOARD OF ELECTIONS

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	7-9-25 Date
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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	7-9-25 Date
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