

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 Committee To Elect Tom Kincaid						d. ID Number	
b. Mailing Address (include City, State and Zip Code) 4716 Kannapolis Pkwy Kannapolis, NC 28081						e. Date Organized	
c. Committee Website (Optional)						f. Phone Number 704-791-5463	
2. Candidate Information							
a. Full Name Tommy Kincaid				e. Party Affiliation Non-Partisan			
b. Mailing Address (include City, State, and Zip Code) 4716 Kannapolis Pkwy Kannapolis, NC 28081				f. Office Sought Council			
c. Phone Number 704-791-5463		d. Email Address mrtkincaid@gmail.com		g. Next Election Year 2025		h. Jurisdiction Kannapolis	
<input type="checkbox"/> Email copy of report notices							
3. Treasurer Information				4. Assistant Treasurer Information			
a. Full Name Tommy Kincaid				a. Full Name N/A			
b. Mailing Address (include City, State, and Zip Code) 4716 Kannapolis Pkwy Kannapolis, NC 28081				b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number 704-791-5463		d. Email Address mrtkincaid@gmail.com		c. Phone Number		d. Email Address	
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 N/A				a. Financial Institution Full Name 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							

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.

Tom Kincaid Printed Name of Treasurer
 Tom Kincaid Signature of Appointed Treasurer
 7/11/25 Date

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.

Tom Kincaid Printed Name of Candidate
 Tom Kincaid Signature of Candidate
 7/11/25 Date