

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 Isaiah Payne	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
898 Haley St. Kannapolis, NC 28081	7/14/2025
c. Committee Website (Optional)	f. Phone Number
	828-432-7688

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Isaiah Payne		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
898 Haley St. Kannapolis, NC 28081		Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-432-7688		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	
Isaiah Payne		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
898 Haley St. Kannapolis, NC 28081			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-432-7688			
Send report notices by email <input type="checkbox"/> Yes <input checked="" 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		Truist	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		IP2025	Checking
<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.

Isaiah Payne
Printed Name of Treasurer

Isaiah Payne
Signature of Appointed Treasurer

07/17/25
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.

Isaiah Payne
Printed Name of Candidate

Isaiah Payne
Signature of Candidate

07/17/25
Date