

# Statement of Organization - Candidate Committee

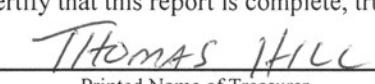
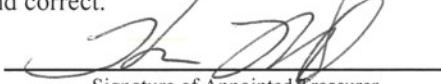
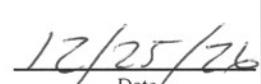
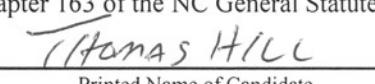
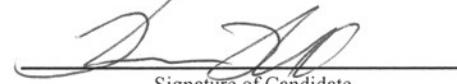
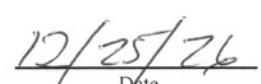
Is this statement:

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		
Thomas Hill 2026			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
10896 Pioneer Mill Rd. Concord, NC 28025	12/19/2025		
c. Committee Website (Optional)	f. Phone Number		
	704-794-5638		
2. Candidate Information			
a. Full Name	e. Party Affiliation		
Thomas B. Hill	Libertarian		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
10896 Pioneer Mill Rd. Concord, NC 28025	County Commissioner		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-794-5638	thomasbhill@msn.com	2026	Cabarrus County
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name	a. Full Name	N/A	
Thomas Hill		N/A	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)	RECEIVED IN-PERSON	
10896 Pioneer Mill Rd.	28025	DEC 29 2025	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-794-5638	thomasbhill@msn.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	CABARRUS COUNTY BOARD OF ELECTIONS	
N/A	First Citizens		
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
			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>			
 Printed Name of Treasurer		 Signature of Appointed Treasurer	
 Date			
<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>			
 Printed Name of Candidate		 Signature of Candidate	
 Date			