


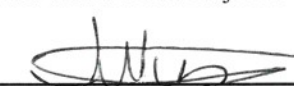
Statement of Organization - Candidate Committee

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 Ingrid Nurse		d. ID Number 1N 2024	
b. Mailing Address (include City, State and Zip Code) P.O. Box 5862 Concord NC 28027		e. Date Organized 12/14/2023	
c. Committee Website (Optional) https://countycommissioner-ingridnurse.com		f. Phone Number 704-231-2240	
2. Candidate Information			
a. Full Name Ingrid Nurse		e. Party Affiliation Democrat	
b. Mailing Address (include City, State, and Zip Code) P.O. Box 5862 Concord, NC 28027		f. Office Sought Cabarrus County Commissioner	
c. Phone Number 704-231-2240	d. Email Address vote4ingrid@gmail.com	g. Next Election Year 2026	h. Jurisdiction
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Grace Liem Galloway		a. Full Name RECEIVED IN-PERSON DEC 9 2025 CABARRUS COUNTY BOARD OF ELECTIONS	
b. Mailing Address (include City, State, and Zip Code) 217 Palaside Dr NE Concord NC 28025		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 980-322-5447	d. Email Address dr.gracie.galloway@ingridnurse.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 Grace Galloway		a. Financial Institution Full Name UNHARRIE BANK	
b. Mailing Address (include City, State, and Zip Code) 217 Palaside Dr NE Concord NC 28025			
c. Phone Number 980-322-5447	d. Email Address	b. Account Code 2025	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> <p>GRACE LIEM GALLOWAY  12-2-2025 Printed Name of Treasurer Signature of Appointed Treasurer 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>Ingrid Nurse  12/2/2025 Printed Name of Candidate Signature of Candidate Date</p>			