

JUL 19 2019

Statement of Organization - Candidate Committee

Amendment
 Yes No

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name			c. ID Number		
ELECT IAN PATRICK					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
5701 MANCHESTER AVENUE HARRISBURG, NC 28075			07.17.19		
			e. Phone Number		
			704.773.4766		
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
IAN WILLIAM PATRICK				NON-PARTISAN <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
5701 MANCHESTER AVENUE HARRISBURG, NC 28075		TOWN OF HARRISBURG COUNCIL MEMBER			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
704.773.4766	IANPATRICKCAMPAIGN@GMAIL.COM	2019		CABARRUS COUNTY	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
IAN PATRICK			IAN PATRICK		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
5701 MANCHESTER AVENUE HARRISBURG, NC 28075			5701 MANCHESTER AVENUE HARRISBURG, NC 28075		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
704.773.4766	IANPATRICKCAMPAIGN@GMAIL.COM	704.773.4766	IANPATRICKCAMPAIGN@GMAIL.COM		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Email copy of notices		
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>		<input type="checkbox"/> Add	
a. Full Name		a. Financial Institution Full Name		<input type="checkbox"/> Remove	
		5/3 BANK			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
		CHECKING ACCOUNT FOR COMMITTEE			
c. Phone Number	d. Email Address	c. Account Code	d. Type		
		1	CHECKING		
<input type="checkbox"/> Email copy of notices					
CERTIFICATION					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.					
_____ IAN PATRICK Printed Name of Signer		_____ Signature of Appointed Treasurer		_____ 07.19.19 Date	