

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	
Committee to Elect Ingrid Nurse			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 5862 Concord, NC 28027		12/11/2023	
c. Committee Website (Optional)		f. Phone Number	
		704-231-2240	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Ingrid Faye Nurse		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 5862 Concord, NC 28027		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-231-2240	ingridnurse2023@gmail.com	2024	Cabarrus County
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Ingrid Faye Nurse		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 5862 Concord, NC 28027			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-231-2240	ingridnurse2023@gmail.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	
N/A		Wachovia Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		12/14/2023	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>Ingrid Nurse _____ Signature of Appointed Treasurer _____ Date 12/14/2023</p> <p>Printed Name of Treasurer</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 _____ Signature of Candidate _____ Date 12/14/2023</p> <p>Printed Name of Candidate</p>			

RECEIVED
 IN-PERSON
 DEC 14 2023
 CABARRUS COUNTY
 BOARD OF ELECTIONS