

Statement of Organization - Candidate Committee

Is this statement:	
<input 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	IN2024
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
P O Box 5862 Concord NC 28027	12/14/2023
c. Committee Website (Optional)	f. Phone Number
https://countycommissioneringridnurse.com/	

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Ingrid Nurse		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
P O Box 5862 Concord, NC 28027		Cabarrus County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-231-2240	ingridnurse2023@gmail.com		
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Bertram Rand Nurse		Ingrid Nurse	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
8106 Ship Street Apt 402 Charlotte, NC 28269		P O Box 5862 Concord, NC 28027	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
619-804-3870	bertram.nurse@yahoo.com	704-231-2240	ingridnurse2023@gmail.com
<input 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	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
<input type="checkbox"/> Email copy of report notices			

RECEIVED
 IN-PERSON
 MAY 20 2024
 CABARRUS COUNTY
 BOARD OF ELECTIONS

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.

 Bertram Rand Nurse
 Printed Name of Treasurer

 Signature of Appointed Treasurer

5/21/2024
 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.

 Ingrid Faye Nurse
 Printed Name of Candidate

 Signature of Candidate

5/21/2024
 Date