

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	
Elect Cason Gardner		
b. Mailing Address (include City, State and Zip Code)	e. Date Organized	
2923 Brooknell Ct NW Concord, NC 28027	07/07/2025	
c. Committee Website (Optional)	f. Phone Number	
	980-398-5027	

2. Candidate Information

a. Full Name	e. Party Affiliation	
William Cason Gardner	Republican	
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	
2923 Brooknell Ct NW Concord, NC 28027	County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year
980-398-5027	gardner4council@gmail.com	2026
<input checked="" type="checkbox"/> Email copy of report notices		

3. Treasurer Information

a. Full Name	e. Party Affiliation		
William Cason Gardner	RECEIVED IN PERSON		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
2923 Brooknell Ct NW Concord, NC 28027	DEC 15 2025		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
980-398-5027	gardner4council@gmail.com	JABARFUS COUNTY BOARD OF ELECTIONS	

Send report notices by email Yes No

a. Full Name	e. Party Affiliation		
	6. Account Information (incl. CRO-3500)		
b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name		
	State Employees' Credit Union		
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1	Checking
<input type="checkbox"/> Email copy of report notices			

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.

William Cason Gardner

Printed Name of Treasurer

WCgardner

Signature of Appointed Treasurer

12/15/2025

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.

William Cason Gardner

Printed Name of Candidate

WCgardner

Signature of Candidate

12/15/2025

Date