

# 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.

<b>1. Committee Information</b>			
a. Name of Committee Elect Cason Gardner		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 2923 Brookneil Ct NW Concord, NC 28027		e. Date Organized 07/07/2025	
c. Committee Website (Optional)		f. Phone Number 980-398-5027	
<b>2. Candidate Information</b>			
a. Full Name William Cason Gardner		e. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) 2923 Brookneil Ct NW Concord, NC 28027		f. Office Sought County Commissioner	
c. Phone Number 980-398-5027	d. Email Address gardner4council@gmail.com	g. Next Election Year 2026	h. Jurisdiction Cabarrus County
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name William Cason Gardner		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 2923 Brookneil Ct NW Concord, NC 28027		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 980-398-5027	d. Email Address gardner4council@gmail.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	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name State Employees' Credit Union	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code 1	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> <u>William Cason Gardner</u>      <u>WCGardner</u>      <u>12/15/2025</u>  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> <u>William Cason Gardner</u>      <u>WCGardner</u>      <u>12/15/2025</u>  Printed Name of Candidate      Signature of Candidate      Date </p>			