

# 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
Ian Patrick for Cabarrus	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
5701 Manchester Ave. Harrisburg, NC 28075	11/24/2025
c. Committee Website (Optional)	f. Phone Number
	180.354.5622

## 2. Candidate Information

a. Full Name	e. Party Affiliation		
Ian Patrick	Republican		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
5701 Manchester Ave. Harrisburg, NC 28075	County Commissioner		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
980.354.5622	connect@ianpatrick.com	2026	Cabarrus County
<input type="checkbox"/> Email copy of report notices			

## 3. Treasurer Information

a. Full Name	e. Party Affiliation		
IAN PATRICK	N/A		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
5701 MANCHESTER AVE. HARRISBURG, NC 28075	CABARRUS COUNTY BOARD OF ELECTIONS		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
980.354.5622	connect@ianpatrick.com		DEC 11 2025
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
RECEIVED			
6. Account Information (incl. CRO-3500)			
a. Full Name	a. Financial Institution Full Name		
N/A	S		
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
	Campaign Account		
c. Phone Number	d. Email Address	b. Account Code	c. Type
		S	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.

IAN PATRICK

Printed Name of Treasurer

Signature of Appointed Treasurer

12-11-2025

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.

IAN PATRICK

Printed Name of Candidate

Signature of Candidate

12-11-2025

Date