

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	
DRUM FOR MAYOR		
b. Mailing Address (include City, State and Zip Code)	e. Date Organized	
41 SHAW RD SW, PINEHURST, NC 28374	6/6/23	
c. Committee Website (Optional)	f. Phone Number	
DRUMFORMAYOR.ORG	910-608-0477	

2. Candidate Information

a. Full Name	e. Party Affiliation	
KEVIN DRUM	REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	
41 SHAW RD SW PINEHURST, NC 28374	MAYOR	
c. Phone Number	d. Email Address	g. Next Election Year
910-608-0477	KDRUM@KEVINDRUM.ORG	2023
<input type="checkbox"/> Email copy of report notices		

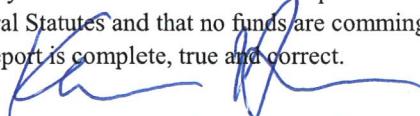
3. Treasurer Information

a. Full Name	d. Email Address		e. Party Affiliation
KEVIN DRUM			RECEIVED
b. Mailing Address (include City, State, and Zip Code)	f. Next Election Year		h. Jurisdiction
41 SHAW RD SW PINEHURST, NC 28374	2023		PINEHURST
c. Phone Number	d. Email Address	e. Party Affiliation	h. Jurisdiction
910-608-0477	KDRUM@KEVINDRUM.ORG		MOOREBOE
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

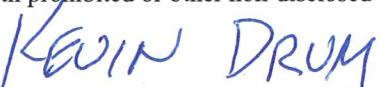
5. Custodian of Books Information (Keeper of Records)

a. Full Name	b. Mailing Address (include City, State and Zip Code)		
	6. Account Information (incl. CRO-3500)		
a. Full Name	a. Financial Institution Full Name		
	FIRST CITIZENS		
b. Mailing Address (include City, State, and Zip Code)	b. Account Code		
	PINEHURST, NC		
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

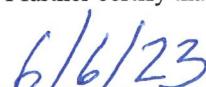
I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.



Printed Name of Treasurer

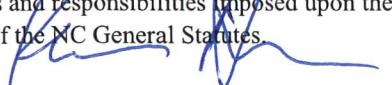


Signature of Appointed Treasurer

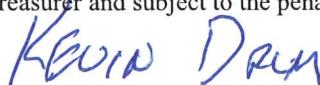


Date

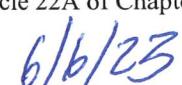
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.



Printed Name of Candidate



Signature of Candidate



Date