

Amendment  
 Yes  No

**Statement of Organization - Candidate Committee**

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

<b>1. Committee Information</b>					
a. Full Name				c. ID Number	
MARCUM FOR MAYOR					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
P.O. BOX 1891, PINEHURST, NC 28370				7/15/2011	
				e. Phone Number	
				-910	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name			e. Candidate ID Number	f. Party Affiliation	
JOHN MILLS MARCUM				Non-Partisan <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
P.O. BOX 775, PINEHURST, NC 28370			MAYOR OF PINEHURST		
c. Phone Number	d. Email Address		h. Next Election Year	i. Jurisdiction	
910 295 6304	JMARCU@NC.RR.COM				
<input checked="" type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
RALPH REDMOND, JR.			RALPH REDMOND, JR.		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
11 ABBOTSFORD DRIVE, PINEHURST, NC 28374			11 ABBOTSFORD DRIVE, PINEHURST, NC 28374		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
910 295 7532	RREDMOND@NC.RR.COM		910 295 7532	RREDMOND@NC.RR.COM	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Email copy of notices		
<b>5. Assistant Treasurer Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<b>6. Account Information</b> (incl. CRO-3500)		<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name			a. Financial Institution Full Name		BB&T
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		OPERATIONS
c. Phone Number	d. Email Address		c. Account Code	d. Type	
			A	CHECKING	
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.					
Ralph Redmond Jr.		Ralph Redmond		7/22/2011	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



North Carolina  
State Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

### Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

#### FILED BY:

Candidate Name: John Mills Marcum  
Treasurer Name: Ralph Redmond JR.  
Treasurer Address: 11 ABBOTSFORD DR  
(include city, state, & zip) Pinhurst, NC 28374  
  
Treasurer Phone: 910 295 7534

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/22/11  
Date Signed

[Signature]  
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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**Confidential**

**Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

**FILED BY:**

Committee Name: Marcum for Mayor  
 Treasurer Name: Ralph Redmond Jr.  
 Treasurer Address: 11 ABBOTSFORD DR  
 (include city, state, & zip) Pinehurst, NC 28374  
 Treasurer Phone: 910 295 7532

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	BBAT	Aviemore Dr Pinehurst	<del>XXXXXXXXXX</del>	A

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

7/22/2011  
 Date Signed

Ralph Redmond Jr  
 Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

7  
 Date Signed

\_\_\_\_\_  
 Signature of Candidate or Treasurer



North Carolina  
State Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

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CONFERE

Kimberly Westbrook-Strach  
Deputy Director - Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Candidate Designation of Committee Funds**

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the nine allowable methods outlined in 163-278.16B(a).

Candidate Name: John Mills Marcum

Committee Name: Marcum For Mayor

Treasurer Name: Ralph Redmond Jr.

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: Moore

I, John Mills Marcum, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>First Health Hospice + Palliative Care</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: [Signature]

Date: 7/22/11

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.