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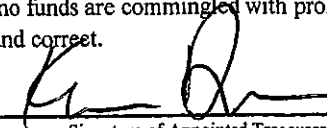
MOORE COUNTY PUBLIC WORKS

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee JUL 24 2015

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

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>1. Committee Information</b>			
a. Full Name <b>DRUM FOR COUNCIL</b>		c. ID Number	
b. Mailing Address (include City, State, and Zip Code) <b>60 BLUE RD PINEHURST, NC 28374</b>		d. Date Organized <b>7/14/15</b>	e. Phone Number <b>910-603-0477</b>
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <b>KEVIN DRUM</b>		e. Candidate ID Number	f. Party Affiliation <b>NON</b> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <b>60 BLUE RD PINEHURST, NC 28374</b>		g. Office Sought <b>PINEHURST COUNCIL</b>	
c. Phone Number <b>910-603-0477</b>	d. Email Address <b>KDRUM@DRUMANDQUILL.COM</b>	h. Next Election Year	i. Jurisdiction
<input checked="" type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name <b>KEVIN DRUM</b>		a. Full Name <b>KEVIN DRUM</b>	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
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> (not CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name <b>FIRST CITIZENS</b>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <b>CAMPAIGN OPERATIONS</b>	
c. Phone Number	d. Email Address	c. Account Code <b>A1</b>	d. Type <b>CHECKING</b>
<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.			
<b>KEVIN DRUM</b> Printed Name of Signer		 Signature of Appointed Treasurer	<b>7-14-15</b> Date



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

JUL 24 2015

Kim Westbrook Strach  
Executive Director

MOORE BOE  
Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173

**Certification of Treasurer**

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

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Candidate Name:

KEVIN DRUM

Treasurer Name:

KEVIN DRUM

Treasurer Address:

60 BLUE ROAD

(include city, state, & zip)

PINEHURST, NC 28774

Treasurer Phone:

910-603-0477

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).

7-14-15  
Date Signed

Signature of Candidate



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Kim Westbrook Strach  
Executive Director

**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: DRUM FOR COUNCIL  
Treasurer Name: KEVIN DRUM  
Treasurer Address: 60 BLUE RD  
(include city, state, & zip) PINEHURST, NC 28374  
Treasurer Phone: 910.603.0477

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 is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on 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	FIRST CITIZENS	40 BLUE DR, PINEHURST, NC	[REDACTED]	A1

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

7-14-15  
Date Signed

[Signature]  
Signature of Candidate or Treasurer

**For Candidate Committees Only**

In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

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

\_\_\_\_\_  
Date Signed

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