

# Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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.

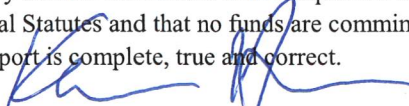
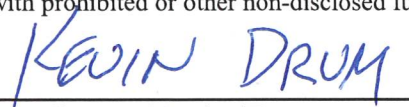
1. Committee Information	
a. Name of Committee DRUM FOR MAYOR	d. ID Number
b. Mailing Address (include City, State and Zip Code) 41 SHAW RD SW, PINEHURST, NC 28374	e. Date Organized 6/6/23
c. Committee Website (Optional) DRUMFORMAYOR.ORG	f. Phone Number 910-607-0477

2. Candidate Information			
a. Full Name KEVIN DRUM		e. Party Affiliation REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code) 41 SHAW RD SW PINEHURST, NC 28374		f. Office Sought MAYOR	
c. Phone Number 910-607-0477	d. Email Address KDRUM@KEVINDRUM.ORG	g. Next Election Year 2023	h. Jurisdiction PINEHURST
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name KEVIN DRUM		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 41 SHAW RD SW PINEHURST, NC 28374		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 910-607-0477	d. Email Address KDRUM@KEVINDRUM.ORG	c. Phone Number	d. Email Address
<input type="checkbox"/> Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

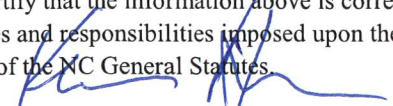

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name FIRST CITIZENS	
b. Mailing Address (include City, State, and Zip Code)		PINEHURST, NC	
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/>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



6/6/23

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.



6/6/23

Printed Name of Candidate \_\_\_\_\_ Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED

JUN 06 2023

MOORE BOE