

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).

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1. Committee Information

a. Full Name Vote LeFevers	c. ID Number 8DUC54
b. Mailing Address (include City, State and Zip Code) 615 N Main Ave Newton, NC 28658	d. Date Organized 7/25/2017
	e. Phone Number 828-234-5927

RECEIVED
AUG 10 2017
By _____

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name David Eugene LeFevers	e. Candidate ID Number 8DUC54	f. Party Affiliation Non-Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 615 N Main Ave Newton, NC 28658	g. Office Sought Council	
c. Phone Number 828-234-5927	d. Email Address frenchcurve@bellsouth.net	h. Next Election Year 2017
		i. Jurisdiction Newton, NC 28658

☐ Email copy of notices

3. Treasurer Information

a. Full Name Robin Drury
b. Mailing Address (include City, State, and Zip Code) 813 N Frye Ave Newton, NC 28658
c. Phone Number 828-464-7709
d. Email Address

4. Custodian of Books Information

a. Full Name N/A
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

I prefer to receive notices by email ☐ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

a. Full Name N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	
d. Email Address	

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name Wells Fargo	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose Campaign Account	
c. Account Code DEL	d. Type Checking

☐ Email copy of notices

CERTIFICATION

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.

Robin M Drury
Printed Name of Signer

Robin M Drury
Signature of Appointed Treasurer

8-10-17
Date