

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	
Charles A. Drew for Doshier Hospital Trustee			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
112 Park Ave. Southport, NC 28461		7/7/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-477-2365	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Charles A. Drew		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
112 Park Ave. Southport, NC 28461		Board of Trustees	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-477-2365	charlesdrew0842@gmail.com	2023	Doshier
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Charles A. Drew			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
112 Park Ave. Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-477-2365	charlesdrew0842@gmail.com		
Send report notices by email <input checked="" 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 National	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
		101 N Howe Street Southport, NC 28461	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		300	Checking
<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.			
Charles A Drew Printed Name of Treasurer		Charles A Drew Signature of Appointed Treasurer	07/30/2023 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.			
Charles A Drew Printed Name of Candidate		Charles A Drew Signature of Candidate	07/30/2023 Date