

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			
Committee to Elect Mike Thevenin							
b. Mailing Address (include City, State and Zip Code)				e. Date Organized			
6809 Market Way Harrisburg, NC 28075				7/7/2025			
c. Committee Website (Optional)				f. Phone Number			
				980-521-4173			
2. Candidate Information							
a. Full Name				e. Party Affiliation			
Mike Thevenin				Non-Partisan			
b. Mailing Address (include City, State, and Zip Code)				f. Office Sought			
6809 Market Way Harrisburg, NC 28075				Council			
c. Phone Number		d. Email Address		g. Next Election Year		h. Jurisdiction	
980-521-4173		mikethev@yahoo.com		2025		Town of Harrisburg	
<input type="checkbox"/> Email copy of report notices							
3. Treasurer Information				4. Assistant Treasurer Information			
a. Full Name				a. Full Name			
Mike Thevenin				N/A			
b. Mailing Address (include City, State, and Zip Code)				b. Mailing Address (include City, State, and Zip Code)			
6809 Market Way Harrisburg, NC 28075							
c. Phone Number		d. Email Address		c. Phone Number		d. Email Address	
980-521-4173		mikethev@yahoo.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			
N/A				PINNACLE FINANCIAL PARTNERS			
b. Mailing Address (include City, State, and Zip Code)				b. Purpose			
				Campaign Account			
c. Phone Number		d. Email Address		b. Account Code		c. Type	
				0		Checking	
<input type="checkbox"/> Email copy of report notices							
<p>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.</p> <p> <u>MICHAEL B. THEVENIN</u> <u>[Signature]</u> <u>7/7/2025</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <p> 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. </p> <p> <u>MICHAEL B. THEVENIN</u> <u>[Signature]</u> <u>7/7/2025</u> Printed Name of Candidate Signature of Candidate Date </p>							