OF FLECT



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.

Candidate Name: Treasurer Name: Treasurer Address: (include city, state, & zip) Treasurer Phone: BOBBY FRANKLIN KIMBROUGH, JR. THOMAS WHITMELL DAVIS V 3141 SHANNON DR WINSTON-SALEM, NC 27106-3648 Treasurer Phone: (336) 695-0358

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).

04/30/2018 Date Signed

FILED BY: