



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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.

FILED BY:

Candidate Name: WILLIAM CHRISMON

Treasurer Name: GARY D. CHRISMON JR.

Treasurer Address: P O BOX 157
(include city, state, & zip) WASHINGTON NC 27889

Treasurer Phone: 252-975-1061

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.

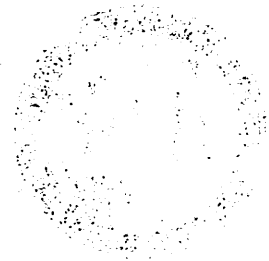
I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2-27-2018
Date Signed

William H Chrismon
Signature of Candidate



State Board of Elections & Administration



Commission of Investigation

The Commission is established by the State Board of Elections & Administration to investigate and report on the activities of the State Board of Elections & Administration and its various divisions and offices.

REPORT BY:

WILLIAM CHRISTIAN

Commissioner

GARY D. CHRISTIAN

Treasurer

P.O. BOX 107

Treasurer Address

WASHINGTON STATE

(Include city, state & zip)

SSS-1001

Form Number

The above information is correct and I am certain of its accuracy. I am a member of the State Board of Elections & Administration and I am certain of its accuracy. I am a member of the State Board of Elections & Administration and I am certain of its accuracy.

I understand that the above information will be used for the purpose of the Commission's investigation and I am certain of its accuracy. I am a member of the State Board of Elections & Administration and I am certain of its accuracy.

Signature of Commissioner

Date Signed