



North Carolina
 State Board of Elections
 506 N Harrington Street
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 Deputy Director – Campaign Reporting

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Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Ann H. Batt

Treasurer Name: same as above.

Treasurer Address: P.O. Box 2383

(include city, state, & zip) Atlantic Bch. NC 28512

Treasurer Phone: 252-726-5908

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).

16/July/07
 Date Signed

Ann H. Batt
 Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.