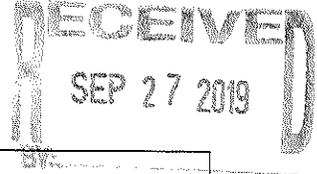




NORTH CAROLINA

STATE BOARD OF ELECTIONS



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:

Doug Medlin

Treasurer Name:

Stephen Matthew

Treasurer Address:

104 Elizabeth St.

(include city, state, & zip)

Surf City, NC.

Treasurer Phone:

336-504-4078

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).

9/27/2019
Date Signed

[Signature]
Signature of Candidate

Statement of Organization - Candidate Committee

Amendment Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name			c. ID Number		
Comm, Tte to Elect Doug Medlin			WHC 515		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
PO Box 2689 SURF CITY, N.C. 28445			4/11/2019		
			e. Phone Number		
			910-358-4907		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Douglas Charles Medlin				NonPartisan <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
P.O. Box 2071 SURF CITY, N.C. 28445			SURF CITY MAYOR		
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
910-358-4907	DougMedlin@HotMail.com	2019			
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
STEPHAN MATTHEW JONES					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
104 ELIZABETH ST SURF CITY, N.C. - 28445					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
336-504-4078	MATJONES@SEACOASTREALTY.COM				
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		b. Add <input type="checkbox"/> Remove <input type="checkbox"/>
SAM AS ABOVE			POSTAL BANK & TRUST		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			CAMPAIGN FUNDS		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
		CM	CHECKING		
<input type="checkbox"/> Email copy of notices					
CERTIFICATION					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.					
Stephen M Jones		Stephen M Jones		10/1/19	
Printed Name of Signer		Signature of Appointed Treasurer		Date	