

COPY

North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

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:

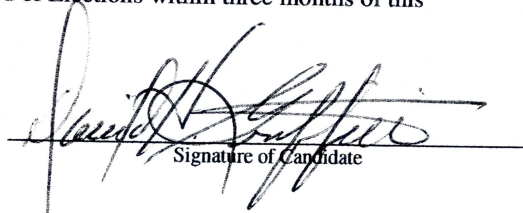
Candidate Name: DAVID H. GRIFFITH
Treasurer Name: SUNNIE KARIN KARLSEN-HOBBS
Treasurer Address: 7600 BEECH TREE COURT
(include city, state, & zip) CLEMMONS, NC 27012

Treasurer Phone: 336-712-9336

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).

05-09-2009
Date Signed


Signature of Candidate

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

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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.

| | | | |
|---|------------------------|---|------------------------|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| "Committee to Elect Griffith Sheriff" | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 4140 CLEMMONS ROAD, PMB 253 CLEMMONS, NC 27012 | | 05/09/2009 | |
| | | e. Phone Number | |
| | | 336-345-4202 | |
| 2. Candidate Information | | <input checked="" type="checkbox"/> Candidate's Primary Committee | |
| a. Full Name | | c. Candidate ID Number | d. Party Affiliation |
| DAVID H. GRIFFITH | | | unaffiliated |
| b. Mailing Address (include City, State, and Zip Code) | | e. Office Sought | f. Jurisdiction |
| 4991 BOSTIC ACRES FARM RD GERMANTON, NC 27019 | | Sheriff | Forsyth |
| (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.) | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| SUNNIE KARIN KARLSEN-HOBBS | | SUNNIE KARIN KARLSEN-HOBBS | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 7600 BEECH TREE COURT CLEMMONS, NC 27012 | | 7600 BEECH TREE COURT CLEMMONS, NC 27012 | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 336-712-9336 | free-bird@triad.rr.com | 336-712-9336 | free-bird@triad.rr.com |
| 5. Assistant Treasurer Information | | 6. Account Information (incl. CRO-3500) | |
| a. Full Name | | a. Financial Institution Full Name | |
| DONNA SUE BARHAM | | WACHOVIA BANK N.A. | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose | |
| 153 Tullyries Ln. Lewisville, NC 27023 | | Checking account for expenses | |
| c. Phone Number | d. Email Address | c. Account Code | d. Type |
| 336-945-2711 | barhams@aol.com | 001 | Checking |
| 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. | | | |
| SUNNIE KARIN KARLSEN-HOBBS | | Sunnie Karin Karlson Hobbs | |
| Printed Name of Signer | | Signature of Appointed Treasurer | |
| | | Date | |
| | | 11-09 | |

CRO-2100A

NC State Board of Elections

December 2007

FORSYTH COUNTY BOARD OF ELECTIONS

COPY

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State Board of Elections
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Deputy Director - Campaign Reporting

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Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: "Committee to Elect Griffith Sheriff"
Treasurer Name: SUNNIE KARIN CARLSEN-HOBBS
Treasurer Address: 7600 BEECH TREE COURT
(include city, state, & zip) CLEMMONS, NC 27012
Treasurer Phone: 336-712-9336

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

| Type of account | Financial Institution | Address | Account Number | Account Code |
|-----------------|-----------------------|---|----------------|--------------|
| CHECKING | WACHOVIA | 2565 LEWISVILLE-CLEMMONS RD CLEMMONS, NC 27012 | [REDACTED] | 001 |

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

05-11-2009
Date Signed

[Signature]
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

Date Signed

Signature of Candidate or Treasurer

CRO-3500

RECEIVED

Certification of Financial Account Information

August 2008

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FORSTIX COUNTY
BOARD OF ELECTIONS