



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

**RECEIVED**  
 MAY 9 2011  
 WAKE CO. BOARD OF ELECTIONS

Kimberly Westbrook-Strach  
 Deputy Director – Campaign Reporting

Mailing Address  
 PO Box 27255  
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 (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: Darren K Eustance  
 Treasurer Name: Darren K. Eustance  
 Treasurer Address: 800 Scissortail Ln  
 (include city, state, & zip) Apex, NC 27523  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 919-924-1129

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).

26 April 2011  
 Date Signed

Darren Eustance  
 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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**Candidate Designation of Committee Funds**

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Darren Eustance

Committee Name: Keep Apex Beautiful Committee

Treasurer Name: Darren Eustance

If Candidate is own treasurer, designate an agent to carry out designations: Duggan Eustance

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Darren Eustance, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity <i>(Select from §163-278.16B(a))</i>	Plan for Disbursement (eg. Amount or %)
1. <u>Western Wake Crisis Ministries</u>	<u>50%</u>
2. <u>Veterans Leadership Council - Care</u>	<u>50%</u>
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Darren Eustance

Date: 1 May 2011

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