

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

Kimberly Westbrook-Strach
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: JESSIE TALIAFERRO
Treasurer Name: GAIL TILL
Treasurer Address: 4709 PEMBERTON DR
(include city, state, & zip) RALEIGH, NC 27609

Treasurer Phone: 919-846-5327

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).

9/7/2011
Date Signed

Jessie Taliaferro
Signature of Candidate

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

1. Committee Information

a. Full Name JESSIE TALIAFERRO FOR CITY COUNCIL		c. ID Number
b. Mailing Address (include City, State and Zip Code) 4709 PEMBERTON DR RALEIGH, NC 27609-5442		d. Date Organized 4-23-2003
		e. Phone Number 919-872-4378

2. Candidate Information Candidate's Primary Committee

a. Full Name JESSIE TALIAFERRO		e. Candidate ID Number	f. Party Affiliation NON PARTISAN <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 4709 PEMBERTON DR. RALEIGH NC 27609		g. Office Sought RALEIGH CITY COUNCIL DISTRICT B	
c. Phone Number 919-872-9378	d. Email Address jltcach@bellsouth.net	h. Next Election Year 2011	i. Jurisdiction RALEIGH
<input checked="" type="checkbox"/> Email copy of notices			

3. Treasurer Information

a. Full Name GAIL TILK	
b. Mailing Address (include City, State, and Zip Code) 4709 PEMBERTON DR RALEIGH NC 27609	
c. Phone Number 919-846-5327	d. Email Address

4. Custodian of Books Information

a. Full Name KENNETH R. DURHAM	
b. Mailing Address (include City, State, and Zip Code) 6707 Brookmeade Pl. Raleigh NC 27612	
c. Phone Number 919-807-2363	d. Email Address Kenneth R Durham @ yahoo.com

I prefer to receive notices by email Yes No Email copy of notices**5. Assistant Treasurer Information**

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of notices	

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name WACHOVIA BANK N.A.	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Purpose FOR RECEIPTS AND DISBURSEMENTS OF CAMPAIGN FUNDS	
c. Account Code 1	d. Type 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.