

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	
Committee to Elect Tara L. Fikes			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 13316 Durham, NC 27709		IN PERSON DEC 15 2015	12/7/2015
		e. Phone Number	
			919-493-1991
2. Candidate Information			
DURHAM BOE <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	f. Party Affiliation
Tara Lynne Fikes			Democrat <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
5113 Bridgewood Drive Durham, NC 27713		Durham County Commissioner	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919-493-1991	drtlf@yahoo.com	2016	Durham
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Tara Lynne Fikes		Tara Lynne Fikes	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
5113 Bridgewood Drive Durham, NC 27713		5113 Bridgewood Drive Durham, NC 27713	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-493-1991	drtlf@yahoo.com	919-493-1991	drtlf@yahoo.com
<input checked="" type="checkbox"/> I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3100)	
a. Full Name		a. Financial Institution Full Name	
		SunTrust Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Checking Acct for Candidate Committee	
c. Phone Number	d. Email Address	c. Account Code	d. Type
			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.			
Tara L. Fikes			12/15/2015
Printed Name of Signer		Signature of Appointed Treasurer	Date



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

IN PERSON

DEC 15 2015

Kim Westbrook Strach
 Executive Director

DURHAM BOE Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

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: Tara L. Fikes
 Treasurer Name: Tara L. Fikes
 Treasurer Address: 5113 Bridgewood Drive
 (include city, state, & zip) Durham, NC 27713

 Treasurer Phone: 919-493-1991

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).

12/15/15
 Date Signed

Tara L. Fikes
 Signature of Candidate



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Kim Westbrook Strach
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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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Tara L. Fikes

Committee Name: Committee to Elect Tara L. Fikes

Treasurer Name: Tara L. Fikes

If Candidate is own treasurer, designate an agent to carry out designations: Jaquelyn Lyons

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Durham

I, Tara L. Fikes, hereby direct that in the event of my death or incapacity all 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Ivy Community Center</u>	<u>100%</u>
2. _____	_____
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: Tara L. Fikes

Date: 12/15/2015