


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 | |
| Friends of Shelia Huggins | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 2408 Tampa Avenue Durham, NC 27705 | | 6/9/2017 | |
| <p style="text-align: center;">IN PERSON JUN 12 2017 DURHAM BOE</p> | | e. Phone Number | |
| | | 919-612-6315 | |
| 2. Candidate Information | | | |
| a. Full Name | | e. Candidate ID Number | f. Party Affiliation |
| Shelia Ann Huggins | | | Democrat |
| b. Mailing Address (include City, State, and Zip Code) | | g. Office Sought | |
| 2408 Tampa Avenue Durham, NC 27705 | | Durham City Council Ward 3 | |
| c. Phone Number | d. Email Address | h. Next Election Year | i. Jurisdiction |
| 919-612-6315 | shannhu@aol.com | 2017 | City of Durham |
| <input checked="" type="checkbox"/> Email copy of notices | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| Shelia A. Huggins | | Shelia A. Huggins | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 2408 Tampa Avenue Durham, NC 27705 | | 2408 Tampa Avenue Durham, NC 27705 | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 919-612-6315 | shannhu@aol.com | 919-612-6315 | shannhu@aol.com |
| I prefer to receive my notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Email copy of notices | |
| 5. Assistant Treasurer Information | | 6. Account Information <small>(incl. CRO-3500)</small> | |
| a. Full Name | | a. Financial Institution Full Name | b. Purpose |
| | | First Citizens Bank | Campaign |
| b. Mailing Address (include City, State, and Zip Code) | | c. Account Code | |
| | | A1 | |
| c. Phone Number | d. Email Address | 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. | | | |
| <p style="text-align: center;">Shelia A. Huggins Printed Name of Signer</p> | | <p style="text-align: center;"> Signature of Appointed Treasurer</p> | <p style="text-align: center;">06/09/2017 Date</p> |