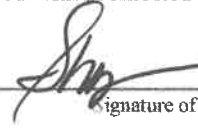


Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Friends of Shelia Huggins			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2408 Tampa Ave, Durham, NC 27705		06/09/2017	
c. Committee Website (Optional)		f. Phone Number	
		919-612-6315	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Shelia Ann Huggins		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2408 Tampa Avenue Durham, NC 27705		Durham City Council At Large	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-612-6315	sheliah@sheliahugginslaw.com		Durham
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Shelia Ann 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			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-612-6315	sheliah@sheliahugginslaw.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Shelia Ann Huggins		IN PERSON	
b. Mailing Address (include City, State, and Zip Code)		AUG 30 2024	
2408 Tampa Avenue Durham, NC 27705			
c. Phone Number	d. Email Address	b. Account Code	c. Type
919-612-6315	sheliah@sheliahugginslaw.com		DURHAM BOE
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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> <p> <u>Shelia Ann Huggins</u> Printed Name of Treasurer  Signature of Appointed Treasurer <u>8/30/2024</u> Date </p> <p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p>			
Printed Name of Candidate		Signature of Candidate	
Date			