	Ашен	dment	
Disclosure Report Cover		Yes	\boxtimes
Use this form for general report and committee information, must be signed and submitted along with a	other d	etailed forms	

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information

1. Committee Infor	mation				
a. Full Name					c. ID Number
Friends of Shelia H	uggins				
b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed
2408 Tampa Avenu	e, Durham, NC 27705				
					e. Phone Number
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name
2024	01/01/2024	06/3	30/2024		
6. Type of Commit	tee (Check One)	9. Type of Report	(check on	ly one type of report	from one category)
Candidate Camp	aign 🔲 Party	Municipal	State/C	County	Referendum
PAC	Referendum	Organizationa		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	y	Quarterly	Pre-referendum
Legal Expense F 7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(у аррисавие, спеск опе)	Pre-election	니님	rust Second	Supplemental Final
Building Fund		Pre-runoff	H	Third	Annual
Dunding rand		Semi-annual	lH.	Fourth	Special
		Mid Year	, J	Semi-annual	Special Control of the Control of th
Other:		Year End	l —	Mid Year	10. Special Report Name
		Final		Year End	10. Special Report I value
8. Number of Fund	raisare this Depart	Special		Final	
o. Number of Fund	ausers this report			Special	
11 A 4 T					
11. Account Inform a. Financial Institution			11. Account		
First Citizens Bank	Lan issue		a. Pinanciai insi	titution Full Name	
	a Assessed Code		h Duman		a Assessment Code
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Contribution and	A				
Expenditures	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 574.35				S
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 and that I have been trained by the NC Space Board of Elections. Shelia A. Huggins					
Printed Varie of Signer Signature of Appointed Treasurer Date					
FOR OFFICE USE O			12	14	Delivery Method
Date Received:	8/30/24	Employee: IN PERSO	N	<u> </u>	Normal Mail
Date Postmarke	ed:	Employee:	, , ,	····	Registered Mail Hand Delivered
Date Scanned:		AUG. 3:18 y2024			☐ Electronically Filed ☐ Signer has not received
Date Data Enter	red:	DURHAMA	DE		mandatory training
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.					
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.					

CRO-1000

NC State Board of Elections

August 2008

No

No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number	
FRIENDS OF SHELIA HUGGINS 2024 Mid Year				
Start of Election Cycle: January 1,	Semi-Annual 2023	Total this	Total this	
4) Cash on Hand at Start		Reporting Period \$ 574.35	Election Cycle \$ 267.75	
RECEIPTS		371.33	Ψ 201.13	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 1,310.00	
6) Contributions from Individuals	(CRO-1210)	\$	\$ 23,600.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 4,250.00	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	s	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizatio	ons (CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	, 11d and 11e)	\$ 0	\$ 29,160.00	
EXPENDITURES			1	
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	\$ 25,022.40	
13b) Contributions to Candidates/Political Committ	tees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 82.57	\$ 493.48	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$ 2,550.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	\$ 28,065.88	
19) Cash on Hand at End (Add lines 4 and 12 together, then subti	ract line 18)	\$ 491.78	\$ 491.78	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl ones from other campaign	s) (CRO-1430)	\$		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$	Killen i I e i i	
25) Administrative Support IN PERSOI	(CRO-1710)	\$	\$	
26) Forgiven Loans	(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$	
28) Contributions to be Refunded DURHAM BOF	(CRO-1215)	\$	\$	
- a Mark BOE				

	Amenament			
age of	Yes	Х	No	

Aggregated Non-Media Expenditures
Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)			2. ID Number				
Friends of Shelia Huggins		- 1					
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yy	yy) i	f. Amount	g. Required Remarks
Add Remove	A1	Debit	0	1/8/2024		\$ 23.00	Squarespace
Add Remove	A1	Debit	0	1/26/2024		\$7.20	Squarespace
Add Remove	A1	Debit	0	2/8/2024		\$ 23.00	Squarespace
Add Remove	A1	Debit	0	2/26/2024		\$7.20	Squarespace
Add Remove	A1	Debit	0	6/24/2024		\$22.17	Squarespace
Add Remove						\$	
Add Remove						\$	
Add Remove						\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Add Remove						\$	
Add Remove						\$	
Add						\$	
Remove Add						\$	
Remove							
Remove					- 1	\$	
Add Remove						\$	
Add Remove						\$	
Add Remove						\$	
Add Remove						\$	
Add Remove			IN PERSO	N		\$	
Add Remove						\$	
Add Remove			AUG 3 0 207	4		\$	
	nly this Page			ROE	-	\$82.57	
DIA ION							
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100) \$82.57							
6. Purpose Codes (List detailed expenditure code in (d) above)							
B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund			ffice Expenses				
O* - Other							
* Codes require detailed explanation in required remarks field (g) CRO-1315 NC State Board of Elections December 2009							

Statement of Organization - Candidate Committee

Is	this	statement:	
	New	✓ 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 ye
--

the Control of the Co		THE STATE OF THE S	JACK F 05 100		
1. Committee Infor	mation			LI TIN No.	
a. Name of Committee	14			d. ID Number	
Friends of Shelia					
b. Mailing Address (include City, State and Zip Code) 2408 Tampa Ave, Durham, NC 27705			e. Date Organized		
2406 Tampa Ave,	Dumam, NC 27705			06/09/2017	
c. Committee Website (C	Optional)			f. Phone Number	
				919-612-6315	
2. Candidate Inform	mation	·			
a. Full Name		e. Party Affiliation			
Shelia Ann Huggii	ns	Democrat			
b. Mailing Address (incl	lude City, State, and Zip Code)	f. Office Sought			
2408 Tampa Aver Durham, NC 2770		Durham City Cou	ncil At La	arge	
c . Phone Number	d. Email Address	g. Next Election Year		h. Jurisdiction	
919-612-6315	sheliah@sheliahugginslaw.com			Durham	
Email copy of re	6+	A Assistant Towns	To Co		
3. Treasurer Information. Full Name	nation	4. Assistant Treasu	irer into	rmation	
Shelia Ann Huggir	200	A WALL TANKS			
2408 Tampa Aver	lude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)			
Durham, NC 2770					
c. Phone Number	d. Email Address	c. Phone Number	d. Email A	ddress	
919-612-6315	sheliah@sheliahugginslaw.com				
Send report no		Email copy of re	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN		
5. Custodian of Boo	oks Information (Keeper of Records)	6. Account Inform a. Financial Institution		(incl. CRO-3500)	
Shelia Ann Huggii	00	AS 2 BREEFLAN PROPERTY.	IN	PERSON	
		<u> </u>	11.4	FLITOUT	
2408 Tampa Aver	lude City, State, and Zip Code)	ļ		UG 3 0 2024	
Durham, NC 2770		A06 3 0 2024			
c. Phone Number	d. Email Address	b. Account Code	c. Typol	JRHAM BOE	
919-612-6315	sheliah@sheliahugginslaw.com				
☐ Email copy of re	eport notices				
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. Shelia Ann Huggins					
		gnature of Appointed Trea		0/30/2024	
rnnied	Name of Treasurer	gnature of Appointed Trea	surer	Date	
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.					
	WWW.				
Printed	Name of Candidate	Signature of Candidate		Date	