

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 <i>Committee to elect Tammy Lightfoot</i> <i>Tammy Lightfoot</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>2909 Bainbridge dr Apt 2</i> <i>Durham, NC 27713</i>	d. Date Organized <i>7-14-15</i>
	e. Phone Number <i>919-308-9174</i>

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name <i>Tammy Lightfoot</i>	e. Candidate ID Number	f. Party Affiliation (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code) <i>2909 Bainbridge dr Apt 2</i> <i>Durham, NC 27713</i>	g. Office Sought <i>Mayor of Durham</i>	
c. Phone Number <i>919-308-9174</i>	d. Email Address <i>TSNEW58@gmail.com</i>	h. Next Election Year <i>2015</i>
<input checked="" type="checkbox"/> Email copy of notices		i. Jurisdiction <i>Durham</i>

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Tammy Lightfoot</i>	a. Full Name	IN PERSON	
b. Mailing Address (include City, State, and Zip Code) <i>2909 Bainbridge DR Apt 2</i> <i>Durham, NC 27713</i>	b. Mailing Address (include City, State, and Zip Code)	JUL 14 2015	
c. Phone Number <i>919-308-9174</i>	d. Email Address <i>TSNEW58@gmail</i>	c. Phone Number	d. Email Address

I prefer to receive 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 (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.	
<i>Tammy Lightfoot</i> Printed Name of Signer	<i>Tammy Lightfoot</i> Signature of Appointed Treasurer
	<i>7-14-15</i> Date



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

Kim Westbrook Strach
Executive Director

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.

IN PERSON

JUL 14 2015

DURHAM BOE

FILED BY:

Candidate Name:

Tammy Lightfoot

Treasurer Name:

Tammy Lightfoot

Treasurer Address:

2909 Bounbridge Dr - Apt D

(include city, state, & zip)

Durham, N.C. 27713

Treasurer Phone:

919-308-9174

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).

7-14-15

Date Signed

Tammy Lightfoot
Signature of Candidate



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IN PERSON

JUL 14 2015

DURHAM BOE

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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: Tammy Lightfoot
Committee Name: Committee to elect Tammy Lightfoot
Treasurer Name: Tammy Lightfoot

If Candidate is own treasurer, designate an agent to carry out designations: Johnathon Newman

Committee ID #: 47-4501831

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

I, Tammy Lightfoot, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Durham School of the Arts</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:

Date:

Tammy Lightfoot
7-14-15