

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 Committee to Elect Tara L. Fikes		c. ID Number	
b. Mailing Address (include City, State and Zip Code) P.O. Box 13316 Durham, NC 27709		d. Date Organized 12/7/2015	
		e. Phone Number 919-493-1991	
		IN PERSON DEC 15 2015	
2. Candidate Information			
a. Full Name Tara Lynne Fikes		e. Candidate ID Number	
b. Mailing Address (include City, State, and Zip Code) 5113 Bridgewood Drive Durham, NC 27713		f. Party Affiliation Democrat (Indicate Non-partisan if applicable)	
c. Phone Number 919-493-1991	d. Email Address drtlf@yahoo.com	g. Office Sought Durham County Commissioner	
<input type="checkbox"/> Email copy of notices		h. Next Election Year 2016	i. Jurisdiction Durham
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Tara Lynne Fikes		a. Full Name Tara Lynne Fikes	
b. Mailing Address (include City, State, and Zip Code) 5113 Bridgewood Drive Durham, NC 27713		b. Mailing Address (include City, State, and Zip Code) 5113 Bridgewood Drive Durham, NC 27713	
c. Phone Number 919-493-1991	d. Email Address drtlf@yahoo.com	c. Phone Number 919-493-1991	d. Email Address drtlf@yahoo.com
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 (Add CRO-3500)	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name SunTrust Bank <input type="checkbox"/> Add <input type="checkbox"/> Remove	
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 Printed Name of Signer		Tara L. Fikes Signature of Appointed Treasurer	
		12/15/2015 Date	