

# 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 year.

## 1. Committee Information

|   |                   |
|---|-------------------|
| a. Name of Committee                                  | d. ID Number      |
| Reggie Edwards for Wayne County Sheriff               | 5K1599            |
| b. Mailing Address (include City, State and Zip Code) | e. Date Organized |
| 1032 Herman Lane Rd, Stantonsburg NC 27883            | 12-11-2025        |
| c. Committee Website (Optional)                       | f. Phone Number   |
|   | 919-223-0165      |

## 2. Candidate Information

|  |                       |
|--|-----------------------|
| a. Full Name   | e. Party Affiliation  |
| Reginald Tierole Edwards   | Democratic            |
| b. Mailing Address (include City, State, and Zip Code)           | f. Office Sought      |
| 1032 Herman Lane Rd<br>Stantonsburg, NC 27883                    | Wayne County Sheriff  |
| c. Phone Number  | g. Next Election Year |
| 919-223-0165   | 2026                  |
| <input checked="" type="checkbox"/> Email copy of report notices | h. Jurisdiction       |
|  | Wayne                 |

## 3. Treasurer Information

|  |   |
|--|---|
| a. Full Name   | a. Full Name  |
| Reginald Tierole Edwards   | Board of Elections  |
| b. Mailing Address (include City, State, and Zip Code)           | b. Mailing Address (include City, State and Zip Code)               |
| 1032 Herman Lane Rd<br>Stantonsburg, NC 27883                    | DEO 12-11-2025  |
| c. Phone Number  | d. Email Address  |
| 919-223-0165   | Rtedwards5@icloud.com   |
| <input checked="" type="checkbox"/> Send report notices by email | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Email copy of report notices            |   |

Received

|  |  |                 |          |
|--|--|-----------------|----------|
| a. Full Name   | f. Account Information (incl. CRO-3500)  |                 |          |
|  | a. Financial Institution Full Name       |                 |          |
|  | Truist                                   |                 |          |
| b. Mailing Address (include City, State, and Zip Code) | b. Account Code                          |                 |          |
|  | 111 S. Main St<br>Stantonsburg, NC 27883 |                 |          |
| c. Phone Number  | d. Email Address                         | b. Account Code | c. Type  |
|  |  | 1               | Checking |
| <input type="checkbox"/> Email copy of report 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.

Reginald Edwards

Printed Name of Treasurer

Reginald Edwards

Signature of Appointed Treasurer

12/11/2025

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.

Reginald Edwards

Printed Name of Candidate

Reginald Edwards

Signature of Candidate

12/11/2025

Date



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### 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: Reginald Edwards

Committee Name: Reggie Edwards for Wayne County Sheriff

Treasurer Name: Reginald Edwards

If Candidate is own treasurer, designate an agent to carry out designations: Jennifer Edwards

Committee ID #: \_\_\_\_\_

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

I, Reginald Edwards,  
(Name of Candidate) hereby direct that in the event of my death or incapacity all 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<br><small>(Select from §163-278.16B(a))</small> | Plan for Disbursement (eg. Amount or %) |
|--|---|
| 1. <u>St. Jude Childrens Hospital</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: Reginald Edwards

Date: 12/11/2025