

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
Committee STEVE Wiggins	RK1722
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
205 EAST James st MT OLIVE NC 28365	Dec 6 2021
c. Committee Website (Optional)	f. Phone Number
	919 6580036

2. Candidate Information

a. Full Name	e. Party Affiliation
Stephen Henry Wiggins	NON Partisan
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
205 EAST JAMES st Mount Olive, NC 28365	COMMISSIONER AT Large
c. Phone Number	d. Email Address
919 658 0036	swiggins6@ncpr.com
<input type="checkbox"/> Email copy of report notices	

3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)		
STEVE Wiggins	RECEIVED WAYNE 3D OF ELECTIONS		
b. Mailing Address (include City, State, and Zip Code)	d. Email Address		
SAME AS ABOVE	2021		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919 658 0036	swiggins6@ncpr.com		
<input type="checkbox"/> Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)

a. Full Name	b. Account Information (incl. CRO-3500)		
	a. Financial Institution Full Name		
	UNITED BANK		
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		92110	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.

STEVE Wiggins
Printed Name of Treasurer

Steve Wiggins
Signature of Appointed Treasurer

12-6-21
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.

STEVE Wiggins
Printed Name of Candidate

Steve Wiggins
Signature of Candidate

12-6-21
Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Steve Wiggins
Treasurer Name: Steve Wiggins
Treasurer Address: 205 East James St
(include city, state, & zip) Mount Olive N.C. 28345

Treasurer Phone: 919 658 0036

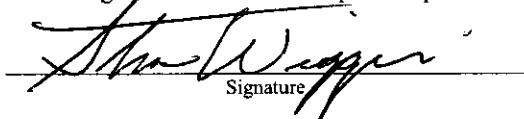
Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12-6-2021
Date Signed


Signature



NORTH CAROLINA

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: STEVE Wiggins

Committee Name: STEVE Wiggins

Treasurer Name: STEVE Wiggins

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

Committee ID #: RK 1722

Level Registered: [State] [County] If county, specify: Mount Olive/Wayne Co.

I, STEVE Wiggins, 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. Haze / Wiggins _____
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: Steve Wiggins

Date: 12-6-2021