

Disclosure Report Cover

Amendment

☐ Yes ☒ No

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 Information																																								
a. Full Name			c. ID Number																																					
STEVE WIGGINS FOR DISTRICT 2																																								
b. Mailing Address (include City, State and Zip Code)			d. Date Filed																																					
205 EAST JAMES STREET MOUNT OLIVE, NC 28365			12/28/2023																																					
			e. Phone Number																																					
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																																					
2023	12/15/2023	12/25/2023	STEVE WIGGINS																																					
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)																																						
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Municipal</td> <td style="width:33%;">State/County</td> <td style="width:33%;">Referendum</td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
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<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																							
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																							
	<input type="checkbox"/> Special																																							
7. Type of Fund (if applicable, check one)		10. Special Report Name																																						
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																																								
8. Number of Fundraisers this Report																																								
0																																								
3. Account Information		3. Account Information																																						
a. Financial Institution Full Name		a. Financial Institution Full Name																																						
UNITED		<div style="text-align: center;"> RECEIVED WCBOE JAN 02 2024 </div>																																						
b. Purpose	c. Account Code	b. Purpose	c. Account Code																																					
CAMPAIGN ACCOUNT	01																																							
	d. Period Begin Balance		d. Period Begin Balance																																					
	\$		\$																																					
		BY _____																																						
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 State Board																																								
<u>STEVE Wiggins</u>		<u>Steve Wiggins</u>		<u>12/28/2023</u>																																				
Printed Name of Signer		Signature of Appointed Treasurer		Date																																				
FOR OFFICE USE ONLY																																								
Date Received:	<u>01/02/24</u>	Employee:	<u>AC</u>																																					
Date Postmarked:	_____	Employee:	_____																																					
Date Scanned:	_____	Employee:	_____																																					
Date Data Entered:	_____	Employee:	_____																																					
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received 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.																																								

Detailed Summary

Amendment

☐ Yes ☒ No

Use 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	
STEVE WIGGINS FOR DISTRICT 2		2023 Organizational			
Start of Election Cycle: January 1, 2023			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 0.00		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$ 0.00 \$ 0.00	
6) Contributions from Individuals		(CRO-1210)		\$ 82.00 \$ 82.00	
7) Contributions from Political Party Committees		(CRO-1220)		\$ 0.00 \$ 0.00	
8) Contributions from Other Political Committees		(CRO-1230)		\$ 0.00 \$ 0.00	
9) Loan Proceeds		(CRO-1410)		\$ 0.00 \$ 0.00	
10) Refunds/Reimbursements to the Committee		(CRO-1240)		\$ 0.00 \$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)		\$ 0.00 \$ 0.00	
11b) Contributions from Not-For-Profit Organizations		(CRO-1250)		\$ 0.00 \$ 0.00	
11c) Outside Sources of Income		(CRO-1250)		\$ 0.00 \$ 0.00	
11d) Legal Expense Fund - Other Sources		(CRO-1270)		\$ 0.00 \$ 0.00	
11e) Exempt Purchase Price Sales		(CRO-1265)		\$ 0.00 \$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)			\$ 82.00		\$ 82.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 0.00 \$ 0.00	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$ 0.00 \$ 0.00	
13c) Coordinated Party Expenditures		(CRO-1310)		\$ 0.00 \$ 0.00	
14) Aggregated Non-Media Expenditures		(CRO-1315)		\$ 0.00 \$ 0.00	
15) Loan Repayments		(CRO-1420)		\$ 0.00 \$ 0.00	
16) Refunds/Reimbursements from the Committee		(CRO-1320)		\$ 0.00 \$ 0.00	
17) In-Kind Contributions		(CRO-1510)		\$ 82.00 \$ 82.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 82.00		\$ 82.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 0.00		\$ 0.00
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee		(CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee		(CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee		(CRO-1720)		\$ 0.00	
25) Administrative Support		(CRO-1710)		\$ 0.00 \$ 0.00	
26) Forgiven Loans		(CRO-1440)		\$ 0.00 \$ 0.00	
27) 48-Hour Notice Reports Sum		(CRO-2220)		\$ 0.00 \$ 0.00	
28) Contributions to be Refunded		(CRO-1215)		\$ 0.00 \$ 0.00	

Contributions from Individuals

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
STEVE WIGGINS FOR DISTRICT 2					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
STEVE WIGGINS 205 EAST JAMES STREET MOUNT OLIVE, NC 28365		RETIRE			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 82.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	In-Kind	FILING FEE	12/15/2023	\$ 82.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 82.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 82.00

CRO-1210

NC State Board of Elections

April 2007

In-Kind ContributionsPg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
STEVE WIGGINS FOR DISTRICT 2			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
STEVE WIGGINS 205 EAST JAMES STREET MOUNT OLIVE, NC 28365		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 82.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FILING FEE		12/15/2023	\$ 82.00
			\$
			\$
4. Total only this Page		\$ 82.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 82.00	

CRO-1510

NC State Board of Elections

December 2007