

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.

a. Name of Committee	d. ID Number
Steve Wiggins for District 2	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
205 East James St. Mount Olive, NC 28365	12-15-23
c. Committee Website (Optional)	f. Phone Number
	919 658-0036

a. Full Name	e. Party Affiliation
Stephen Henry Wiggins	Republican
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
205 East James St. Mount Olive, NC 28365	Wayne County Commissioner District 2
c. Phone Number	g. Next Election Year
919 658-0036	2024
d. Email Address	h. Jurisdiction
swiggins6@nc.rr.com	Wayne County NC
<input type="checkbox"/> Email copy of report notices	

a. Full Name	a. Full Name
Stephen Henry Wiggins	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
205 East James St. Mount Olive, NC 28365	
c. Phone Number	c. Phone Number
919 658-0036	
d. Email Address	d. Email Address
swiggins6@nc.rr.com	
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Email copy of report notices	

a. Full Name	a. Financial Institution Full Name
	RECEIVED WCOBE
b. Mailing Address (include City, State, and Zip Code)	
	JAN 02 2024
c. Phone Number	b. Account Code
d. Email Address	c. Type
	BY
<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.

Stephen Henry Wiggins Printed Name of Treasurer  Signature of Appointed Treasurer 12-15-23 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  Signature of Candidate 12-15-23 Date



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 for District 2

Treasurer Name: _____

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

Committee ID #: _____

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

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. <u>MT OLIVE Fire Dept</u>	<u>50%</u>
2. <u>MT OLIVE LDS Church</u>	<u>50%</u>
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: 12-15-2023