

# 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	d. Email Address
919 658-0036	swiggins6@nc.rr.com
<input type="checkbox"/> Email copy of report notices	
g. Next Election Year	h. Jurisdiction
2024	Wayne County NC

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	d. Email Address
919 658-0036	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 WCBOE
b. Mailing Address (include City, State, and Zip Code)	
	JAN 02 2024
c. Phone Number	d. Email Address
	b. Account Code
	c. Type
<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

Stephen Henry Wiggins  
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

Steve Wiggins  
Signature of Candidate

12-15-23  
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: 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
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