

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	
ELECT STEVE WIGGINS		
b. Mailing Address (include City, State and Zip Code)	d. Date Filed	
205 EAST JAMES ST MOUNT OLIVE, NC 28365	01/02/2024	
	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	10/24/2023	12/14/2023	STEPHEN HENRY 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	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:	<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
8. Number of Fundraisers this Report	<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
0	<input type="checkbox"/> Special	<input type="checkbox"/> Final	
<input type="checkbox"/> Special		<input type="checkbox"/> Special	

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
UNITED BANK	
b. Purpose	c. Account Code
CAMPAIGN CHECKING ACCOUNT	01
d. Period Begin Balance	
\$	JAN 03 2024
RECEIVED WCBQE	c. Account Code
d. Period Begin Balance	\$

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

Steve Wiggins
Printed Name of Signer

Steve Wiggins
Signature of Appointed Treasurer

01/02/2024

Date

FOR OFFICE USE ONLY

Date Received:	Employee:	Delivery Method
		<input type="checkbox"/> Normal Mail
Date Postmarked:	Employee:	<input type="checkbox"/> Registered Mail
		<input type="checkbox"/> Hand Delivered
Date Scanned:	Employee:	<input type="checkbox"/> Electronically Filed
Date Data Entered:	Employee:	<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	
ELECT STEVE WIGGINS	2023 Final		
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)	\$ 450.00	\$ 2,699.80
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)		\$ 450.00	\$ 2,699.80
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0 450.00	\$ 0 500.00
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)	\$ 450.00	\$ 450.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 2,249.80
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 450.00	\$ 2,699.80
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 Yes No

Amendment

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)

ELECT STEVE WIGGINS

2. ID Number

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

ROBERT DINGESS
703 HILLCREST DR
MOUNT OLIVE, NC 28365

b. Job Title/Profession

TRANSPORTATION
CONSULTANT

c. Employer's Name/Specific Field

SELF

d. Comments

e. Election Sum to Date

\$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		11/08/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

BRENT LEE
3200 BISMARCK ST
GREENVILLE, NC 27834

b. Job Title/Profession

AUTO DEALER

c. Employer's Name/Specific Field

SELF

d. Comments

e. Election Sum to Date

\$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		10/24/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

\$ 450.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 450.00

Refunds/Reimbursements From the Committee

Pg _____ of _____

Amendment

Yes

No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee/Full Name (and Mailing Address & Phone)		2. Date	
<i>Elect STEVE Wiggins</i>		11-30-23	

3. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date <i>11-30-23</i>
<i>Steve Wiggins 205 EAST JAMES ST Mt Olive, NC 28365</i>		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	i. Original Receipt Amount <i>\$ 450.00</i>
b. Job Title/Profession <i>Retired</i>		f. Purpose Code	j. Election Sum to Date <i>\$ 450.00</i>
c. Employer's Name/Specific Field		g. Comments	k. Account Code <i>01</i>

l. Form of Payment <i>check</i>	m. Required Remarks <i>Reimbursement for In-Kind Purchase</i>	n. Date (mm/dd/yyyy) <i>11-30-23</i>	o. Amount <i>\$ 450.00</i>
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3. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	i. Original Receipt Amount <i>\$</i>
b. Job Title/Profession		f. Purpose Code	j. Election Sum to Date <i>\$</i>
c. Employer's Name/Specific Field		g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount <i>\$</i>

3. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	i. Original Receipt Amount <i>\$</i>
b. Job Title/Profession		f. Purpose Code	j. Election Sum to Date <i>\$</i>
c. Employer's Name/Specific Field		g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount <i>\$</i>

4. Total only this Page	\$ _____
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 16 of the CRO-1320)</i>	\$ _____

6. Purpose Codes (16 lines max)	L - Returned to Contributor	M - Overpayment for Service	N - Exceeded Contribution Limit
	P* - Reimbursement of In-Kind	O* Other	