Disclosure	Report	Cover
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Amendment ☐ Yes

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 c. ID Number a. Full Name COMMITTEE TO ELECT NELODY L. WIGGINS d. Date Filed o. Mailing Address (include City, State and Zip Code) 300 WARD ST. GRAHAM, NC 27253 07-01-2017 Phone Number 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 07-01-2017 D. HOWE 9. Type of Report (check only one type of report from one category) 6. Type of Committee (Check One) State/County Referendum Candidate Campaign Party Municipal Organizational Organizational Organizational Referendum Independent Expenditure I Joint Fundraiser Thirty-five day Quarterly Pre-referendum Pre-primary First Final Legal Expense Fund Pre-election Second Supplemental Final 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Special Semi-annual Fourth Booster Fund Building Fund Mid Year Semi-annual 10. Special Report Name Year End Mid Year Other: Final Year End 8. Number of Fundraisers this Report Final Special -0 -Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name b. Purpose c. Account Code o. Purpose c. Account Code Savings acci d. Period Begin Balance d. Period Begin Balance .00 \$-0-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 of Elections. Signature of Appointed Treasurer Printed Name of Signer FOR OFFICE USE ONLY Delivery Method Employee: Date Received: ■ Normal Mail Registered Mail Employee: Date Postmarked: Hand Delivered 10-6-17 Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: 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.

CRO-1000

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. NC State Board of Elections

August 2008

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes

No

Use this form to summarize all disclosure reporting forms a 1. Committee Full Name (and Fund if applicable)	2. Type of			3. ID N	umber
COMMITTEE TO ELECT MELOPY L. WIEGINS	36-I	YAK			
Start of Election Cycle: January 1, 2017		D	Total this Reporting Perio		Total this Election Cycle
4) Cash on Hand at Start		\$	5.00	\$	5.03
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ -		\$	
6) Contributions from Individuals	(CRO-1210)	\$	2,395.71	\$	2395.71
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	
9) Loan Proceeds	(CRO-1410)	\$	······································	\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	·····	\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-For-Profit Organization	ns (<i>CRO-1250</i>)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,1	1c,11d and 11e)	\$	2395.7	7	2395.11
<u>EXPENDITURES</u>					298-1-1
13) Disbursements			·维拉克。		
13a) Operating Expenditures	(CRO-1310)	\$	2395.71	\$	2,395.71
13b) Contributions to Candidates/Political Committe	es (<i>CRO-1310</i>)	\$	-	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
15) Loan Repayments	(CRO-1420)	\$		\$	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$	2.395.71	\$	1395.71
(Add lines 4 and 12 together, then s	subtract line 18)	\$	5.00	\$	5.00
ADDITIONAL INFORMATION	· Ann				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	Manager and the second		
21) Outstanding Loans (incl. ones from other campaigns	486486	\$			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$			A STATE OF THE STA
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	
28) Contributions to be Refunded CRO-1100 NC State B	(CRO-1215)	\$		\$	August 2

		rom Individua		Ρ;	gof		Amendment Yes No
		individual contribution		ontributions un	der \$50 if form C		
		me (and Fund if app O ELECT KEL		Gaina		2.	ID Number
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topping of the control of the	lame, Mailing Addı	***		b. Job Title/Prof		d. C	Comments
	de city, state, & zip			TIX PLAN	MITTONER		
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	OKCINETO	14,140 W/W/)			• •	\$	700.∞
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	ame, Mailing Addr			b. Job Title/Profe	ession	d. C	Comments
	le city, state, & zip)			Kenrei			
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30	oo Ward	ST.		11/4			
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	ame, Mailing Addr le city, state, & zip)			b. Job Title/Profe	ession	d. C	omments
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4. Tot	al only this P	age				\$	2395.71
1 2 3 6 1 2 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		RO-1210 Pages of Detailed Summary P	age CRO-1100)			\$	2,395.71

Disbursements	
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	1		غ	Amendment	
Pg		of	<u> </u>	☐ Yes	No No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee	E Full Name (and	ty expenditures Fund if applicable)			
MALLIAN	TT Back	E Markappileable		4416	* W. B. W. S.	2. ID Number
COMMIT	क लिस	T HELODY L	· W/6	GINS		
3. Type of Di	sbursement • (Pl	ease use separate (RO-13	10 forms for	each type of Di	shurrament \ 3
Operating E	xpenses	Contributions to Candi	idates/Pol	tical Committee		pordinated Party Expenditures
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	Mailing Address &	k Phone	1.000.000.1	- PATTERNATURE CONTRACTOR OF THE PATTERNATURE CONTRACTOR OF TH	ted Committee Nar	ne d. Comments
(include city, sta	te, & zip)					
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	mation	THE PERSON NAMED IN	L	-Add	Remove	- APT #
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UTTICE	NEW			c Level Pegi	stered (Specify)	
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						\$ 49.33
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	ling Address & Phone		لحما		ed Committee Name	d. Comments
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181150	THOOTH ST	٢		c. Level Regis	tered (Specify)	
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(This line goes in	line 13b of Detailed S	ummary Page CRO-110	90 if Cont	rib to Candidat	tes/Political Comm)	\$ 2395.71
		ummary Page CRO-110			Expenditures)	
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* - Media	B* - Prin	· ·		ındraising		Another Candidate
- Salaries	F* - Equi	-		tical Party	Н* - Но	lding Public Office Expenses
PostageOther	J - Pena	ities	K* - O	fice Expens	es Q* - Do	nation to Legal Expense Fund
	e detailed evaluati	ition ให้ให้อักเกียก	2710 Tal	ealana e	the statement with the	发展,更是一种自己的是一个人,1997年,他们的多人
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Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee	Full Name (and F	und if applicable	9)			Name of the least	2 ID N
COMMIT	TEE TO ELE			. WIGG	INC		2. ID Number
3. Type of Di	The same of the sa						
Operating E.	The second secon	ase use separate (Contributions to Cano	UKU-131	to forms for			
4. Payee Info		Contributions to Call		Add	Remove	oordinat	ted Party Expenditures
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(include city, star	te, & zip)						u. Comments
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DUAK	D OF ELECT	ions		c. Level Reg.	istered (Specify) County:		
113 21	lapue ST.	-		State			e. Election Sum to Date
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Do 1216	e detailed explanat	ion in required r	emarks	field (k)	AND SHEET		

Disbursements

Amendment

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee	Full Name (and Fu	ind if applicable)			No. of the state of the second of the		12 III Number
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Operating E		se use separate CR	<i>O-131</i>	0 forms for			
4. Payee Info		ontributions to Candida	tes/Polit	-		ordina	ed Party Expenditures
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	ling Address & Phone		100	No. of the Contract of the Con	Remove d Committee Name		
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and the second second second							51 52 8 52,395.71
	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sun line 13b of Detailed Sun	mary Page CRO-1100	if Opera	ting Expenses)		239571
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Purpose Co	A POST TO SEE STATE OF THE PARTY OF THE PART	expenditure code in	CONTRACTOR OF THE PARTY AND		apenunures)		
* - Media	B* - Printin			ndraising	D To 4	nothe	er Candidate
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- Postage	J - Penaltie			ice Expense	es Q* - Do	nation	to Legal Expense Fund
* Other	. J.4-9-1	•	NACON DUTING	Wilescon	Manuel Control of Cont	and and	J 1
DO 1216	e detailed explanati	on in required ren	narks f	ield (k)		585 3 W	Color Bally State And State And A

In-Kind Contributions Use this form to report non-monetary contributions, donations, use CRO-1215 if In-Kind Contributions were or will be refunded.		vices provided to	of <u>/</u> the com	Amendment Yes No mittee or fund.
1. Committee Full Name (and Fund if applicable)	ca within 7	uays.	2. II) Number
CONNITED TO ELECT NELODY L. W	1661NE	7		
3. Contributor Information Add	Remove	of Contributor	c. Co	mments
(include city, state, & zip)		ndividual Candidate Party AC Referendum Other Receipt Source		ection Sum to Date
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount
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4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

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