n: I n	4.00					Amendment	
Disclosure Re						Yes L	No
	neral report and committee in to update information	information, m	iust be signe	d and sul	omitted along with	h other detailed forms.	
1. Committee Infor							
a. Full Name	mation					c. ID Number	
	ELECT MELODY L. WIG	ZINS				C. ID INUMBER	
COMMITTEL TO	EEEET WEEEOD'I E. WIO	31110					
b. Mailing Address (inc	lude City, State and Zip Code)					d. Date Filed	
300 WARD ST						7/1/17	
GRAHAM, NC 272	253	12-12	-17P05:	10 PEI			
		1 4 1 600	11100.	+9 11 []	•	e. Phone Number	
4						336-266-4628	
	0 D 1 10/ 10	4. Po	eriod End D	ate			
2. Report Year	3. Period Start Date (mm/c	Id/vvi	/dd/yy)		5. Treasurer F		
2017	9/27/17		10/23/17		KAY D. HOW	Æ	
6. Type of Committ	tee (Check One)	9. Type of R	Report	check or	nly one type of rep	oort from one category)	
Candidate Campa	-	Municipal		State/C		Referendum	
PAC	Referendum	Organi	izational		Organizational	Organizational	
Independent Expenditure	Joint Fundraiser	Thirty-	-five day		Quarterly	Pre-referendum	
Legal Expense Fi	und						
7. Type of Fund	(if applicable, check one)	Pre-pri			First	Final	
Booster Fund"		Pre-pri Pre-ele Pre-rur			Second	Supplemental Final Annual	
Building Fund		Pre-rur Semi-a		1H	Third Fourth	Special	
			1id Year		Semi-annual	Spoons	
Other:		Y	ear End		Mid Year	10. Special Report Name	e
		Final			Year End		
8. Number of Fund	raisers this Report	Special Special	1		Final		
	0				Special		
11. Account Inform	ation				Information		
a. Financial Institution l					titution Full Name	OWN IN HONE	
	RAL CREDIT UNION				FEDERAL CREI		
b. Purpose CHECKING ACC	c. Account Code			rpose /INGS A	CCT	c. Account Code	
CHECKING ACC	A		SAV	INUS A	icci	В	
	d. Period Begin Balance	•				d. Period Begin Balance	
	\$ 200.00					\$ 5.00	
CERTIFICATION							
	nmittee or Fund is in compli	ance with all a	applicable pr	ovisions	of Article 22A, 22	2B, & 22D-22M of Chapter 163	3 of
the NC General Statu	utes and that no funds are co	mmingled wit	h prohibited	or other	non-disclosed fur	nds. I further certify that this rep	ort
is complete, true and	correct and that I have been	trained by the	State B	oard of		10 13 19	
-KAY I	2. HOWE	/	ay	~ C	Nowe		
FOR OFFICE USE O	Printed Name of Signer		Signature	or Appoin	ted Treasurer	Date	
	12-12-17	Emple		(2	G	Delivery Method	
Date Received:	100-100-11	Empr	oyee.			Normal Mail	
Date Postmarke	d:	Emplo	oyee:			Registered Mail Hand Delivered	
						Electronically Filed	
Date Scanned:		Emplo	oyee:	-		Signer has not receive	ed
Date Data Enter	ed:	Emple	oyee:			mandatory training	
		F		and the second s			
Please Note: Thi		end committed an of books inf				ldress, treasurer, assistant treasu	arer,

CRO-1000

NC State Board of Elections

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

August 2008

Amendment

X

] 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
COMMITTEE TO ELECT MELODY L. WIGGINS	PRE-ELECTION		
Company 1	2045	Total this	Total this
Start of Election Cycle: January 1,	2017	Reporting Period	
4) Cash on Hand at Start		\$ 205.00	\$ 0
RECEDIFUS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 100.00	\$ 2500.71
6) Contributions from Individuals	(CRO-1210)	\$ 180.00	\$ 2580.71
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 Organizat	tions <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	lc, 11d and 11e)	\$ 180.00	\$ 2580.71
CARONDINARIOS			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Commi	ittees (CRO-1310)	\$	\$
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)	\$	\$ 2195.71
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,		\$	\$ 2195.71
19) Cash on Hand at End (Add lines 4 and 12 together, then su		\$ 385.00	\$ 385.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
••	(CRO-1440)	\$	\$
,	`		\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	 \$

		m Individuals			Pg of		Amendmen Yes	I No		
		vidual contributions		0 or contributions u	nder \$50 if form CI			.,		
1. Comn	nittee Full Name ((and Fund if applica	ble)			2. ID N	umber			
СОММІ	TTEE TO ELECT	MELODY L. WIGG	INS			Ì				
3. Contr	ibutor Informatio	on .		Add 🔲 F	Remove	<u>l</u>				
a. Full Na	me, Mailing Address &	& Phone		b. Job Title/Professi	on	d. Comme	ents			
(include	city, state, & zip)			RETIRED						
KEN DE	XON									
I .	STOVER ST			c. Employer's Name	Specific Field					
GRAHA	M, NC 27253									
						e. Election	Sum to Date			
						\$	50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Lind Description	j. Date (mm/dd/y	ууу)	k. Amount			
	A	CASH			9/27/	17	\$	50.00		
							\$			
			. 							
			<u> </u>	<u> </u>			\$	·		
	ibutor Informatio		니_	, 	emove					
	ne, Mailing Address &	& Phone		b. Job Title/Profession	on	d. Comme	ents			
	city, state, & zip)			RETIRED						
	A DODSON			a Emulación Name	Caracter Field	_				
	V. HODGES ST. D, NC 27243			c. Employer's Name/	эресинс гизи	-				
ELLAND), NC 2/243					e. Election	Sum to Date	**************************************		
				•						
						\$	20.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount			
	A	CASH			10/3/	17	\$	20.00		
							\$			
			-			,	\$			
							Ψ	I		
	butor Informatio			,	emove	1.0		<u> </u>		
	ne, Mailing Address & city, state, & zip)	z rnone		b. Job Title/Profession ADMIN	<u> </u>	d. Comme	nts			
ROSA RI	·			ADMIN						
	IL EIGHT			c. Employer's Name/	Specific Field	-				
	GTON, NC 27253	3		COLLATERAL		1				
DOILLIN	01011, 110 2725.	,		COBBITTERNE	COLLIDION	e. Election	Sum to Date			
						\$	40.00			
0 To 1			1			<u> </u>				
f. Prior	g. Account Code	h. Form of Payment	ı. In-K	and Description	j. Date (mm/dd/y)		k. Amount	40.00		
	Α	CHECK	ļ		10/1/	L /	\$	40.00		
							\$			
							\$			
4. Total	only this Page	•	- 			\$		110.00		

\$

180.00

5. Total of ALL CRO-1210 Pages

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

Disclosure Re						Amendment Yes No
	eneral report and committee in to update information	informat	ion, must be s	signed and si	ıbmitted along with	h other detailed forms.
1. Committee Info	rmation					
a. Full Name						c. ID Number
COMMITTEE TO	ELECT MELODY L. WIG	GINS				
b. Mailing Address (inc	clude City, State and Zip Code)					d. Date Filed
GRAHAM, NC 272	253	12	2-12-17P(05:49 RE	F:	07-01-2017
						e. Phone Number
						336-266-4628
2. Report Year	3. Period Start Date (mm/	/dd/yy)	4. Period E (mm/dd/yy)	and Date	5. Treasurer F	
2017	07-01-2017		09-26	5-2017	KAY D. HOW	/E
6. Type of Commit	tee (Check One)	9. Typ	e of Report			port from one category)
Candidate Camp	oaign Party	Munici	pal	State	/County	Referendum
PAC	Referendum		Organizational		Organizational	Organizational
Independent Expenditure Legal Expense I	Joint Fundraiser		Thirty-five day		Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)		Pre-primary		First	Final
"Booster Fund"	10 22	10	Pre-election		Second	Supplemental Final
Building Fund			Pre-runoff		Third	Annual
_			Semi-annual		Fourth	Special
			Mid Year		Semi-annual	
Other:			Year End		Mid Year	10. Special Report Name
			Final		Year End	
8. Number of Fund	o lraisers this Report		Special		Final Special	
11. Account Inform	nation			11. Accoun	t Information	
a. Financial Institution	Full Name				stitution Full Name	
TRULIANT FEDE	RAL CREDIT UNION			TRULIAN	T FEDERAL CRE	DIT UNION
b. Purpose	c. Account Code			b. Purpose		c. Account Code
CHECKING ACC				SAVINGS	ACCT	
	d. Period Begin Balan	ce				d. Period Begin Balance
	\$ 0					\$ 0
CERTIFICATION						
the NC General Sta	mmittee or Fund is in compututes and that no funds are contract and that I have been supported by the Printed Name of Signer	ommingl	ed with prohi	bited or other	er non-disclosed fur	22B, & 22D-22M of Chapter 163 of ands. I further certify that this report
FOR OFFICE USE						
Date Received:	10 10 14		Employee:	<u>.</u>	JG_	Delivery Method Normal Mail
Date Postmark	ed:	•	Employee:			Registered Mail Hand Delivered
Date Scanned:		•	Employee:			Electronically Filed Signer has not received
Date Data Ente	red:		Employee:			mandatory training
Please Note: The	nis form cannot be used to a custod You must amend the State	ian of bo	oks informati	on, or accou	nt information.	ddress, treasurer, assistant treasurer, mittee changes.

CRO-1000

NC State Board of Elections

August 2008

Amendment

 \boxtimes

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
COMMITTEE TO ELECT MELODY L WIGGINS	35 DAY		
Start of Election Cycle: January 1,	2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 2,400.71	\$ 2,400.71
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 Committee11) Other Receipt Sources	(CRO-1240)	\$	\$
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizat	·	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
, ,	` <u> </u>		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 2400.71	\$ 2,400.71
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	lc, 11d and 11e)	\$ 2,400.71	\$ 2,400.71
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Commi	`	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
	·		
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	`	\$	\$
17) In-Kind Contributions		\$ 2,195.71	\$ 2,195.71
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1		\$ 2,195.71	\$ 2,195.71
19) Cash on Hand at End (Add lines 4 and 12 together, then suit	btract line 18)	\$ 205.00	\$ 205.00
ADDITIONAL INTORNATION Non-Manatage Cife Civer to Other Committees	(CDQ 1220)	.	
20) Non-Monetary Gifts Given to Other Committees	· -	\$	
21) Outstanding Loans (incl. ones from other campaig	· -	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
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-1215)	\$	\$

			_			
A	m	en	đ	m	en	t

\$

2400.71

Contr	ibutions fro	n Individuals		Pg	_1 of	1_	Xilendilen Xes	☐ No	
				or contributions und	er \$50 if form CR				
1. Comn	nittee Full Name (and Fund if applica	ble)			2. ID Nun	nber		
COMMI	TTEE TO ELECT	MELODY L WIGGI	INS						
3. Contr	ibutor Informatic	on ·		Add 🔲 Rer	nove				
	me, Mailing Address &	& Phone		b. Job Title/Profession	A ICD	d. Commen	ts		
KAY D.	city, state, & zip)			TAX PRACTITIO	NEK				
	LING ROAD								
BURLIN	IGTON, N				.c. D11	_			
				c. Employer's Name/Sp SELF EMPLOYEI					
				DEEL ENR EOTEL		e. Election S	Sum to Date		
						\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-k	ind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	A	СНЕСК			09-07-2	017	\$	200.00	
							\$		
							\$		
3. Contri	ibutor Informatio	n		Add 🗌 Ren	nove				
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	is		
	city, state, & zip) Y L WIGGINS			RETIRED					
300 WAI									
GRAHAI	M, NC								
27253				c. Employer's Name/Sp	ecific Field	<u>.</u>			
						e. Election S	um to Date		
						\$	2,195.71		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	В	CASH			7-1-20	17	\$	5.00	
	С	IN-KIND	ADV	ERTISING	7-27-2	017	\$	150.00	
	D	IN-KIND	BAD	GES/COPIES	8-19-2	017	\$	45.99	
3. Contri	butor Informatio	n		Add Ren	nove				
	ne, Mailing Address &	2 Phone		b. Job Title/Profession		d. Comment	S		
	city, state, & zip) Y L WIGGINS			RETIRED					
300 WAF				c. Employer's Name/Spe	ecific Field				
GRAHAI									
NC						e. Election S	um to Date		
27253						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	Е	IN-KIND	INKI	ED STAMPS	7-22-20)17	\$	53.34	
	F	IN-KIND	СОР	IES	8-3-21	07	\$	14.00	
	G	IN-KIND	VOT	ER REG. COPY	8-23-20	017	\$	77.92	
	only this Page					\$		346.25	

5. Total of ALL CRO-1210 Pages

_		m Individuals	0.54	Pg			Amendmen Yes	i No
				or contributions und	er \$50 if form CR			
		(and Fund if applica		· · · · · · · · · · · · · · · · · · ·		2. ID Nur	nder	
		MELODY L WIGG	INS					
	ibutor Informati				nove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
(include KAY D.	city, state, & zip)	<u> </u>		TAX PRACTITIO	NER			
	LING ROAD							
	IGTON, N					ļ		
	,			c. Employer's Name/Sp	ecific Field	1		
				SELF EMPLOYED)			
						e. Election S	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	A	CHECK			09-07-2	017	\$	200.00
							\$	
							\$	
3. Contr	ibutor Informatio)n		Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts	
MELOD 300 WAI GRAHA				RETIRED				
27253				c. Employer's Name/Spo	ecific Field			
						e. Election S	lum to Date	
						\$	800.68	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	l vv)	k. Amount	
	Н	IN-KIND		NG FEE	7-17-21		\$	10.00
	I	IN-KIND	VOT	ER LIST CD	7-24-2	017	\$	25,60
	J	IN-KIND	YAR	D SIGNS	8-18-2	017	\$	765.08
3. Contri	butor Informatio	n		Add Rem	iove			
	ıe, Mailing Address &	k Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			RETIRED				
	Y L WIGGINS				·			ļ
300 WAF				c. Employer's Name/Spe	ecific Field			
GRAHAN	M					. Fl. 4 C	4- D-4-	
NC						e. Election S	um to Date	

5. Total of ALL CRO-1210 Pages

27253					\$	1253.78	3
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yy)	у)	k. Amou	nt
	K	IN-KIND	PROMOTIONAL	8-28-20	17	\$	554.85
	L	IN-KIND	PROMOTIONAL	8-30-2017		\$	185.65
	M	IN-KIND	PROMO T-SHIRTS	9-18-1	7	\$	513.28
4. Tota	l only this Pag	e			\$		2054.46

\$

2400.71

In-Kind Contributions Pg 1 of

				Amendment				
Pg	<u>1</u>	of		\boxtimes	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 Fun	d if ap	plicable)					2. ID	Num	ber
COMMITTEE TO ELECT MELOD	YLW	/IGGINS							
			 				<u> </u>	_ 	
3. Contributor Information	Ш.	Add		Remove			Τ -		
a. Full Name, Mailing Address & Phone				b. Typ		Contributor	c, Coi	nments	
(include city, state, & zip)				1 📙		vidual			
MELODY WIGGINS				$ \boxtimes $	Can	didate			
300 WARD ST.					Part	•			
GRAHAM, NC 27253					PAC	2			
						erendum	d. Ele	ction Su	ım to Date
					Oth	er Receipt Source	\$	2195	5.71
e. Description						f. Date (mm/dd/yy	уу)	g. Fai	ir Market Amount
THEATRE AD						7/27/17		\$	150.00
BADGES AND COPIES						8/19/17		\$	45.99
			·			0/19/1/		Ψ	
INKED STAMPS						7/22/17		\$	53.34
3. Contributor Information		Add		Remove	;				
a. Full Name, Mailing Address & Phone				b. Typ	e of C	Contributor	c. Con	nments	
(include city, state, & zip)					Indi	vidual			
MELODY WIGGINS					Can	didate			
300 WARD ST					Part	y			
GRAHAM, NC 27253					PAC				
					Refe	rendum	d. Elec	ction Su	ım to Date
					Othe	er Receipt Source			
				—			\$		
e. Description						f. Date (mm/dd/yy	yy)	g. Fai	r Market Amount
COPIES						8/3/17		\$	14.00
						0/3/1/		ļ	11.00
VOTER REG. COPIES						8/23/17		\$	77.92
FILING FEES						7/17/17		\$	10.00
3. Contributor Information		Add		Remove					
a. Full Name, Mailing Address & Phone				b. Typ	e of C	ontributor	c. Con	nments	
(include city, state, & zip)					Indiv	vidual			
MELODY WIGGINS					Can	didate			
300 WARD ST					Party	<i>y</i>			
GRAHAM, NC 27253					PAC	;			
						rendum	d. Elec	tion Su	m to Date
					Othe	r Receipt Source	\$		
e. Description						f. Date (mm/dd/yyy	/y)	g. Fair	r Market Amount
VOTER LIST CD						7/24/17		\$	25.60
YARD SIGNS						8/18/17		\$	765.08
PROMOTIONAL PRODUCTS						8/28/17		\$	554.85
4. Total only this Page							\$	1696.	.78
5. Total of ALL CRO-1510 Pages	 				·				
(This line must be on line 17 of Detailed Su	mmary	Page CRO-1100) · · · · · · · · · · · · · · · · · · ·				\$	2195	./1

				Ameno	lment
In-Kind Contributions	Pg	1	of	 \boxtimes	Yes
	_				

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		
COMMITTEE TO ELECT MELODY L WIGGINS					
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone	b. Type of Contributor		c. Comments		
(include city, state, & zip)	Individual				
MELODY WIGGINS		andidate			
300 WARD ST.	Party				
GRAHAM, NC 27253	PAC		L	1 Florida Com 4 D.A.	
		eferendum	d. Ele	ction Sum to Date	
		ther Receipt Source	\$	2195.71	
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
PROMOTIONAL PRODUCTS		8/30/17		\$ 185.65	
PROMO T-SHIRTS		9/18/17		\$ 513.28	
				\$	
	Remove		<u>,</u>		
a. Full Name, Mailing Address & Phone	b. Type of Contributor		c. Comments		
(include city, state, & zip)	Individual				
MELODY WIGGINS		andidate			
300 WARD ST	l 	arty			
GRAHAM, NC 27253	PAC Referendum Other Receipt Source		J 171-	J. Flaction Comp. to Date	
			G. Ele	d. Election Sum to Date	
Oner Recei			\$		
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
				\$	
				\$	
				\$	
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone	b. Type of Contributor		c. Con	c. Comments	
(include city, state, & zip)	Individual				
MELODY WIGGINS		Candidate Party			
300 WARD ST GRAHAM, NC 27253	===	nty AC			
GRAITAIVI, NC 27233	Referendum		d. Elec	d. Election Sum to Date	
] ===	her Receipt Source		July Sum to Dute	
	-		\$		
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
				\$	
				\$	
				\$	
4. Total only this Page			\$	698.93	
5. Total of ALL CRO-1510 Pages			\$	2195.71	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			1 4	4173./1	

No