Statement of Organization - Candidate Committee

Is this statement: [X] 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.

NC STATE BOARD OF
MAR 20 2023
ELECTIONS

1. Committee Information

a. Name of Committee: Wheeler for NC, Inc.	d. ID Number:
b. Mailing Address (include City, State and Zip Code): PO Box 51, Spruce Pine, NC 28777	e. Date Organized: 3-10-2023
c. Committee Website (Optional): wheelernc.com	f. Phone Number: 312 213 6001

2. Candidate Information

a. Full Name: David B. Wheeler	e. Party Affiliation: Democratic Party
b. Mailing Address (include City, State, and Zip Code): PO Box 51, Spruce Pine, NC 28777	f. Office Sought: Commissioner of Insurance
c. Phone Number: 312 213 6001 / d. Email Address: david@wheelernc.com	g. Next Election Year: 2024 / h. Jurisdiction: Statewide
[X] Email copy of report notices	

3. Treasurer Information

a. Full Name: David B. Wheeler (temporary)	
b. Mailing Address (include City, State, and Zip Code): PO Box 51, Spruce Pine, NC 28777	
c. Phone Number: 312 213 6001 / d. Email Address: treasurer@wheelernc.com	
Send report notices by email [X] Yes [ ] No	

4. Assistant Treasurer Information

a. Full Name:	
b. Mailing Address (include City, State and Zip Code):	
c. Phone Number: / d. Email Address:	
[ ] Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)

a. Full Name: David B. Wheeler	
b. Mailing Address (include City, State, and Zip Code): PO Box 51, Spruce Pine, NC 28777	
c. Phone Number: 312 213 6001 / d. Email Address: david@wheelernc.com	
[ ] Email copy of report notices	

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name: First National Bank	
501 Fayetteville St Ste 150, Raleigh, NC 27601	
b. Account Code: 1	c. Type: Checking

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.

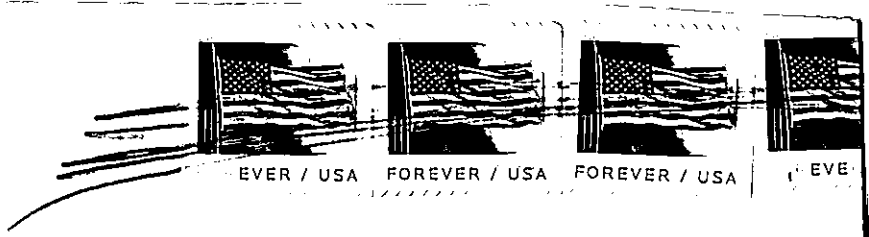
David B. Wheeler — Printed Name of Treasurer
D. B. Wheeler — Signature of Appointed Treasurer
3-17-2023 — Date

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.

David B. Wheeler — Printed Name of Candidate
D. B. Wheeler — Signature of Candidate
3-17-2023 — Date

LC 3/20

D. Wheeler
PO Box 51
SP, NC 28777



NCSBE
P.O. Box 27255
Raleigh, NC 27611-7