Image# 201906049149877589				PAGE 1/5
FEC FORM 1	STATEMEI ORGANIZ			
1. NAME OF	(Check if name	Example:If typing, type		ffice Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Wiggins for Cong	jress			
ADDRESS (number and street)	9206 Cypresswood Circle			
(Check if address	1			
is changed)	Tampa		FL 336	647
			L_⊥_ L⊥ STATE ▲	
COMMITTEE'S E-MAIL ADDRE	.ss ,harrads@aol.com			
 (Check if address is changed) 				
	Optional Second E-Mail Ad	dress		
(Check if address is changed)				
2. DATE 06 / 0.	D / Y Y Y Y 2019			
. FEC IDENTIFICATION N	UMBER ► C c	00708230		
. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined t	his Statement and to the best	of my knowledge and belief i	t is true, correct and	l complete.
ype or Print Name of Treasure	Wiggins, Lloyd, Arthur, Mr.,			
Signature of Treasurer	ins, Lloyd, Arthur, Mr.,	[Electronically Filed]	Date	04 / Y Y Y Y Y 04 2019
OTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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I	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	ndidate	e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.))
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Nam Canc	e of didate	Wiggins, Lloyd, Arthur, Mr.,	
	didate / Affiliati	on REP Office Sought: K House Senate President	State FL District 14
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Namo Cand	e of didate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Wiggins for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fund	raising Representative	Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Wiggins, Ll	oyd, Arthur, Mr.,	
Full Name		
Mailing Address	9206 Cypresswood Cir	
	Tampa FL 33647	
Title or Position	CITY STATE ZIP CODE	
	Telephone number 813 528 84	450

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Wiggins, Lloyd, Arthur, Mr.,	
Mailing Address	9206 Cypresswood Cir	
	Tampa FL 33647 -	
	Tampa FL 33647 - - CITY STATE ZIP CODE	

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			1																							
Mailing Address																										
			1																L	 				·		
							CI	TΥ								ST	ATE	Ξ			Z	IP (COI	DE		
Title or Position																										
											Tel	epł	ion	e n	um	ber				 - [·		

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	BB&T			
Mailing Address	26644 Silve	er Maple Pkwy		
	Wesley Ch	apel	 FL 335	44
		CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.			
Mailing Address				
		CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

May add other bank at a later date

Form/Schedule: Transaction ID: