



# NORTH CAROLINA STATE BOARD OF ELECTIONS

**CAMPAIGN FINANCE COMPLAINT**  
PAGE 1 OF 4

P.O. Box 27255  
Raleigh, NC  
27611-7255  
**Mailing Address**

elections.sboe  
@ncsbe.gov  
**E-mail**

(919) 814-0700 *or*  
(866) 522-4723  
**Phone**

(919) 715-0135  
**Fax**

- The North Carolina State Board of Elections (the “Board”) investigates alleged violations of North Carolina’s campaign finance laws (N.C.G.S. § 163A-1440(7)).
- You may use this form to send a complaint about a campaign finance violation to the Board.
- Allegations may lead to a number of remedies, including amended reports, civil penalties, public reprimands, and others (N.C.G.S. § 163A-1451).
- Violations may also be referred to criminal prosecutors (N.C.G.S. § 163A-1445(d)).
- Complaints must be signed and sworn under oath or affirmation (N.C.G.S. § 163A-1440(7)).
- The Executive Director of the Board will notify any individual, candidate, treasurer, political committee, referendum committee, or other entity against whom allegations are made that a complaint has been filed and provide a copy of the complaint (N.C.G.S. § 163A-1441).

## 1 Information About You

Name

Address

City

State

Zip Code

E-Mail Address

Telephone Number

## 2 Nature of the Complaint

**Identify the individual, political committee, or other entity that you believe may have violated specific provisions of North Carolina’s campaign finance laws:**

**Provide the date(s) the alleged violation occurred:**

**Identify the section(s) of Chapter 163A, Article 23 or Article 26 you believe may have been violated:**

**Provide the names of other people who may have information that would support your allegations:**







**3**

Description of  
the Violation  
(Continued)

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**4**

Signature &  
Jurat

*I hereby swear or affirm, under penalty of perjury and other penalties established by North Carolina law, that the information provided in this complaint is true, correct, complete, and of my own personal knowledge, or if not, I believe the information to be true based upon:*

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**X**

\_\_\_\_\_  
Signature of Complainant \_\_\_\_\_  
Date

State of North Carolina, County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me,  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Notary Public:

*Notary Stamp or Seal*

\_\_\_\_\_  
Printed Name of Notary Public:

My Commission Expires \_\_\_\_\_