Rev. 12/2021

Official Use Only:
Date Received:

STATE ETHICS COMMISSION
POST OFFICE BOX 27685
RALEIGH, NC 27611
http://ethics.nc.gov

ETHICS ACT COMPLAINT FORM

I. READ BEFORE COMPLETING THIS FORM:

Authority to Investigate Complaints: The State Ethics Commission has the authority to investigate complaints against those persons covered by "The State Government Ethics Act" for alleged violations of the Ethics Act. Please see Chapter 138A of the North Carolina General Statutes and refer to our website for additional information. https://ethics.nc.gov/complaints/ethics-complaints

Statute of Limitations: This complaint must be filed within *two years* of the date you, the Complainant, knew or should have known of the conduct upon which this complaint is based. If you have known about, or should have known about, your allegations for more than two years, your complaint will be dismissed.

Jurisdiction:

i. **State Officials Only**. Please note that the Ethics Commission's jurisdiction is limited to specific State officials and employees. It does NOT have jurisdiction over local government officials and employees. A description and list of those persons over which the Commission has jurisdiction is posted at https://ethics.nc.gov/coverage.

ii. **Limited to Specific Actions Only**. Likewise, the Commission is only empowered to investigate specific misconduct within the Ethics Act (see below).

If you file a complaint against a person who is not subject to the Ethics Act or that does not allege a violation of the specific provisions of the Ethics Act, then your complaint will be dismissed. You therefore should carefully review these requirements and contact Commission staff in advance of filing a complaint if you have any questions.

Confidentiality: By law, complaints filed with the Commission are confidential and not matters of public record. Please see G.S. 138A-12(p).

Voter Registration: You must have an active voter registration in North Carolina to file an ethics complaint. Please see G.S. 138A-12(c).

II. PROCEDURES FOR SUBMITTING A COMPLAINT:

Complaints must be submitted by mailing the original of a printed complaint form, and any additional materials if applicable, to the Commission as follows: State Ethics Commission, PO Box 27685, Raleigh, NC 27611. Printed complaint forms must be either typed or written in clear and legible handwriting.

III. CONTACT INFORMATION:

**The Ethics Act requires that a complaint contain the name, address, telephone number and email address of the person filing the complaint. The Commission cannot accept anonymous complaints. The Ethics Act also requires that persons filing complaints be North Carolina registered voters.*

1. Your name: Diana Stepanik

2. Mailing Address: 19 The Pointe

Sanford	NC	27332
(City)	(State)	(Zip)

3. Telephone No: ([redacted])

4. Email: d_stepanik@yahoo.com

5. Are you registered to vote in North Carolina? Yes ☒ No ☐ County: Lee

IV. NATURE OF THE COMPLAINT:

**The Ethics Commission does NOT have jurisdiction over all public officials and state employees. A list of persons subject to the Ethics Act is posted on the Commission's website: https://ethics.nc.gov/coverage.*

1. Identify the person who you believe may have violated specific provisions of the Ethics Act:

Name: Charles McLamb Taylor

2. Check position of the person against whom this complaint is filed:

☐ Member of General Assembly (NC Legislature)
☐ Statewide Elected Official (Council of State)
☐ Clerk of Court
☐ District Attorney (D.A.)
☐ Judge
☐ Member of State-Level Non-Advisory Board
☐ Legislative Employee
☐ State Employee (check website)
☒ Candidate for Clerk, D.A., Judge, Council of State, or Legislature (SEI Violations Only)
Board Name: _____

* If the person against whom you are filing a complaint does not fall within any of these categories, the Commission will dismiss your complaint.

3. Provide the date(s) the alleged violation occurred: 2/12/26, 4/15/15

** Ethics complaints must be filed within two years of the date that you knew or should have known of the conduct upon which your complaint is based.*

4. Please check the relevant box below to indicate what type of allegation you are making.

☐ **Conflict of Interest** - Person took an official action which they knew would provide a reasonably foreseeable financial benefit to them, their family member, or a business or non-profit in which either had a financial interest or served in a leadership role.

☐ **Gift Ban Violation** – Person accepted something of value from a lobbyist, lobbyist principal, or individual or entity that was doing or seeking to do business with person's agency.

**Does not apply to judges, clerks of court, or district attorneys.*

☐ **Use of Official Position** - Person (a) used position in advertising designed to support private business or non-profit; (b) used State funds to appear or speak in a public service announcement on radio or television or in a newspaper or magazine, or (c) used information gained in official capacity for financial benefit.

☒ **SEI Violation** – Candidate or covered person failed to disclose or provided inaccurate information on a Statement of Economic Interest (SEI) filed with the Commission.

☐ **Other Violation of the Ethics Act** – _____

5. You must provide a **concise** statement of the nature of your complaint **and** specific facts indicating a violation of the Ethics Act. If you do not concisely describe the nature of your complaint, it will be dismissed. You may attach documentation you have that supports your claim.

Please see attached Allegations and Exhibits

Attach additional pages if needed.

6. Provide the names and contact information of other persons who may have information that would support your allegations.

Fred Thomas Smith, III, 274 Cumnock Rd., Sanford, NC 27330

The publisher of The Barbecue Sentinel, https://www.facebook.com/BarbecueSentinel/

7. Have the individuals and conduct complained been the subject of a prior complaint or proceeding? If so, state the place where the prior complaint was filed and its current status.

Unknown

SWORN COMPLAINT

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 the following: These exhibits attached to the Complaint.

Diana Stepanik
(Signature)

Date: October 8, 2026

STATE OF NORTH CAROLINA
COUNTY OF Lee

SWORN TO (or affirmed) and subscribed before me this day by: DIANA STEPANIK

Date: 10/8/2026

Official Signature of Notary Public

Jessica L Kelly
Notary Public
Lee County, NC
My Commission Expires 10/30/29

Notary's printed or typed name: JESSICA L. KELLY

My Commission Expires: 10/30/2029

(Official Seal)

Submit the completed sworn complaint to:
State Ethics Commission
P.O. Box 27685
Raleigh, NC 27611