

Statement of Organization - Candidate Committee

Is this statement:
 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.

1. Committee Information			
a. Name of Committee	d. ID Number		
Committee To Elect Delreece Simmons	FK1T5A		
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
600 Oliver Street MOUNT OLIVE NC 28365	2-24-22		
c. Committee Website (Optional)	f. Phone Number		
Simmons 4 district 2 commissioner @gmail.com	919-394-4482		
2. Candidate Information			
a. Full Name	e. Party Affiliation		
Delreece Nortrenzo Simmons	democratic		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
600 Oliver Street MOUNT OLIVE NC 28365	MO District 2 commissioner		
c. Phone Number	d. Email Address	g. Next Election Year	
(919)394-4482	delreesimmons@gmail.com	2022	
h. Jurisdiction			
Mount Olive			
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name	a. Full Name		
Delreece Simmons			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
600 Oliver St. MOUNT OLIVE NC 28365			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919 394 4482	simmons 4 district 2 commissioner @gmail.com		
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)			
a. Full Name	a. Financial Institution Full Name		
	RECEIVED WAYNE END OF ELECTIONS		
b. Mailing Address (include City, State, and Zip Code)	MAR 03 2022		
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

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.

Delreece Simmons

Printed Name of Treasurer



3-3-22

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.

Delreece Simmons

Printed Name of Candidate



Signature of Candidate

3-3-22

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name:

Committee To Elect Delreese Simmons

Treasurer Name:

Delreese Simmons

Treasurer Address:

600 Oliver St.

(include city, state, & zip)

MT. OLIVE N.C 28365

Treasurer Phone:

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

3-3-22

Date Signed

Delreese Simmons

Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Delreese Simmons

Committee Name: Committee To Elect Delreese Simmons

Treasurer Name: Delreese Simmons

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: _____

I, Delreese Simmons, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity
(Select from §163-278.16B(a))

Plan for Disbursement (eg. Amount or %)

1. _____

2. _____

3. _____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

A handwritten signature in black ink that reads "Delreese Simmons".

Date:

3.3.22

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Friday, March 4, 2022 11:25 AM
To: 'delreesesimmons@gmail.com'
Subject: Audit Completed: Committee to Elect Delreese Simmons

Good Afternoon,

The Audit of the Committee to Elect Delreese Simmons' Statement of Organization has been completed and the following discrepancies were noted:

- Your report includes a CRO-3500 but the corresponding block 6 on your CRO-2100A was left blank.
- Your CRO-3500 lists a bank account but does not provide an account code.

Please complete an amended CRO-2100A and CRO03500 and return them to our office. As a reminder, our office is responsible for auditing all campaign finance reports so we may not assist you with completing your reports. It is required that all Treasurers complete the Campaign Finance training, but it is also highly recommended that all candidates complete it as they are ultimately responsible for their own candidate committees.

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1411 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Friday, March 11, 2022 10:43 AM
To: 'delreesesimmons@gmail.com'
Subject: FW: Audit Completed: Committee to Elect Delreese Simmons

Importance: High

Mr. Simmons,

Please refer to the discrepancies noted in the email from last week. Corrections are necessary in order to bring your committee into compliance with North Carolina campaign finance law.

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Nicholas Sullivan

From: Nicholas Sullivan
Sent: Tuesday, March 29, 2022 3:36 PM
To: 'delreesesimmons@gmail.com'; 'simmons4district2commissioner@gmail.com'
Subject: FW: Audit Completed: Committee to Elect Delreese Simmons

Importance: High

Mr. Simmons,

This is the third attempt to contact you in regards to the discrepancies noted in the audit of your campaign finance documents. Please see the original email from March 4, 2022 with explanations.

Nicholas G. Sullivan | Deputy Director
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