

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

Amendment

Yes

No

1. Committee Information

a. Full Name

Committee to Elect Sadie Simmons for District 4

c. ID Number

EIN 93-2453985

b. Mailing Address (include City, State and Zip Code)

804 South Claiborne Street
Goldsboro, NC 27530-6228

d. Date Filed

10-24-2023

e. Phone Number

919-221-8322

2. Report Year

3. Period Start Date (mm/dd/yy)

4. Period End Date (mm/dd/yy)

5. Treasurer Full Name

2023

07/19/2023

07/28/2023

Sadie Simmons

6. Type of Committee (Check One)

- | | |
|--------------------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser |
| <input type="checkbox"/> Legal Expense Fund | |

9. Type of Report (check only one type of report from one category)

Municipal

- | |
|----------------------------------------------------|
| <input checked="" type="checkbox"/> Organizational |
| <input type="checkbox"/> Thirty-five day |
| <input type="checkbox"/> Pre-primary |
| <input checked="" type="checkbox"/> Pre-election |
| <input type="checkbox"/> Pre-runoff |
| <input type="checkbox"/> Semi-annual |
| <input type="checkbox"/> Mid Year |
| <input type="checkbox"/> Year End |
| <input type="checkbox"/> Final |
| <input type="checkbox"/> Special |

State/County

- | |
|----------------------------------------------------|
| <input checked="" type="checkbox"/> Organizational |
| Quarterly |
| <input type="checkbox"/> First |
| <input type="checkbox"/> Second |
| <input type="checkbox"/> Third |
| <input type="checkbox"/> Fourth |
| <input type="checkbox"/> Semi-annual |
| <input type="checkbox"/> Mid Year |
| <input type="checkbox"/> Year End |
| <input type="checkbox"/> Final |
| <input type="checkbox"/> Special |

Referendum

- | |
|----------------------------------------------------|
| <input checked="" type="checkbox"/> Organizational |
| <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Final |
| <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Annual |
| <input type="checkbox"/> Special |

7. Type of Fund (if applicable, check one)

- | |
|-----------------------------------------|
| <input type="checkbox"/> "Booster Fund" |
| <input type="checkbox"/> Building Fund |

Other:

8. Number of Fundraisers this Report

None

- | |
|--------------------------------------------------|
| <input type="checkbox"/> Pre-primary |
| <input checked="" type="checkbox"/> Pre-election |
| <input type="checkbox"/> Pre-runoff |
| <input type="checkbox"/> Semi-annual |
| <input type="checkbox"/> Mid Year |
| <input type="checkbox"/> Year End |
| <input type="checkbox"/> Final |
| <input type="checkbox"/> Special |

11. Account Information

a. Financial Institution Full Name

Southern Bank

b. Purpose

Checking for
campaign
expenses

c. Account Code

8896

d. Period Begin Balance

\$ 50.00

a. Financial Institution Full Name

**RECEIVED
WCBOE**

b. Purpose

OCT 25 2023

c. Account Code

d. Period Begin Balance

\$

BY

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M 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 and that I have been trained by the NC State Board of Elections.

Sadie Simmons

Printed Name of Signer

Sadie Simmons

Signature of Appointed Treasurer

10-23-23

Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Delivery Method

Date Postmarked: _____

Employee: _____

Normal Mail

Date Scanned: _____

Employee: _____

Registered Mail

Date Data Entered: _____

Employee: _____

Hand Delivered

Electronically Filed

Signer has not received
mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect Sadie Simmons for District 4	Organizational	EIN 93-2453985
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start		\$ 0 \$ 1640.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 390.00 \$ 390.00
6) Contributions from Individuals	(CRO-1210)	\$ 1250.00 \$ 1250.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0 \$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0 \$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0 \$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0 \$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0 \$ 0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0 \$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0 \$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0 \$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0 \$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1640.00 \$ 1640.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 354.96 \$ 354.96
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0 \$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0 \$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0 \$ 0
15) Loan Repayments	(CRO-1420)	\$ 0 \$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0 \$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0 \$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 354.96 \$ 354.96
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1285.04 \$ 1285.04
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0
25) Administrative Support	(CRO-1710)	\$ 0 \$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0 \$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0 \$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0 \$ 0

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Sadie B. Simmons for District 04					EIN 93-2453985	
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Contractor/Real Estate		d. Comments	
			c. Employer's Name/Specific Field Goldsboro Builders Supply			
David Perry 1906 East Walnut Street Goldsboro, NC 27530					e. Election Sum to Date \$ \$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	8896	Check		10/10/2023	\$ \$500.00	
<input type="checkbox"/>				[REDACTED]	\$	
<input type="checkbox"/>					\$	
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Contractor		d. Comments	
			c. Employer's Name/Specific Field Best Sand and Gravel			
Munroe Best 809 Mill Road Goldsboro, NC 27530					e. Election Sum to Date \$ \$500	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	8896	Check		10/10/2023	\$ \$500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Retired		d. Comments	
			c. Employer's Name/Specific Field Retired			
Nancy Norwood 216 Ridgewood Drive Goldsboro, NC 27534					e. Election Sum to Date \$ \$250	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	8896	Check		10/10/2023	\$ \$250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ \$1250.00	
5. Total of ALL CRO-1210 Pages					\$ \$1250.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

Use this form to report expenditures from the committee for, operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) Committee to Elect Sadie Simmons for District 4					2. ID Number EIN 93-2453985		
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> ACCU - Copy Printing 322 North John Street Goldsboro, NC 27530			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$		
f. Account Code 8896			g. Form of Payment Check	h. Purpose Code 0	i. Date (mm/dd/yyyy) 10/19/2023	j. Amount \$354.96	k. Required Remarks Printed Materials
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$		
f. Account Code 			g. Form of Payment 	h. Purpose Code 	i. Date (mm/dd/yyyy) 	j. Amount 	k. Required Remarks
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$		
f. Account Code 			g. Form of Payment 	h. Purpose Code 	i. Date (mm/dd/yyyy) 	j. Amount 	k. Required Remarks
5. Total only this Page					\$ 354.96		
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$		
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* - Other <i>* Codes require detailed explanation in required remarks field (k)</i>							

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Thursday, October 26, 2023 5:08 PM
To: Sadie Simmons
Subject: Audit Complete: Organizational Report

The audit of the Committee to Elect Sadie Simmons for District 4's Organizational Report is complete and the following discrepancies were noted.

- Blocks 3 & 4 of the CRO-1000 are incorrect. This report should cover all transactions from the date the candidate filed for office until the committee submitted this report, 7/7/23 – 10/25/23.
- This report should include the candidate's filing fee.
- Block 11d on the CRO-1000 should be \$0 as the committee began the election cycle with a \$0 balance.
- Line 4 of the Cash on Hand column of the CRO-1100 should always be \$0 as the committee began the election cycle with a \$0 balance.
- Line 5 of the CRO-1100 indicates \$390 in aggregated contributions but there is no accompanying CRO-1205.

Note: Since this report will cover the reporting period of the Pre-Election Report, please disregard the previously sent Pre-Election Report Due Notice. An amended Organizational Report covering all transactions from 7/7/23 – 10/25/23 will satisfy this requirement. The committee's next report due will be the Year End Semi Annual Report that ends on 12/31/23.

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

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