

Amendment  
☐ Yes ☐ No

|  |  |   |  |
|--|--|---|--|
| <b>1. Committee Information</b>  |  |   |  |
| <b>a. Full Name</b><br>Committee to Elect Sadie Simmons for District 4   |  |   | <b>c. ID Number</b><br>EIN 93-2453985  |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>804 South Claiborne Street<br>Goldsboro, NC 27530-6228   |  |   | <b>d. Date Filed</b><br>10-24-2023     |
|  |  |   | <b>e. Phone Number</b><br>919-221-8322 |
| <b>2. Report Year</b>  | <b>3. Period Start Date (mm/dd/yy)</b> | <b>4. Period End Date (mm/dd/yy)</b>  | <b>5. Treasurer Full Name</b>          |
| 2023   | 07/19/2023                             | 07/28/2023  | Sadie Simmons                          |
| <b>6. Type of Committee (Check One)</b>  |  | <b>9. Type of Report (check only one type of report from one category)</b>  |  |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> PAC <input type="checkbox"/> Referendum<br><input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Legal Expense Fund   |  | <b>Municipal</b><br><input checked="" type="checkbox"/> Organizational <input checked="" type="checkbox"/> State/County Organizational<br><input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly<br><br><input type="checkbox"/> Pre-primary <input type="checkbox"/> First<br><input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Second<br><input type="checkbox"/> Pre-runoff <input type="checkbox"/> Third<br><input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth<br><input type="checkbox"/> Mid Year <input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Year End <input type="checkbox"/> Mid Year<br><input type="checkbox"/> Final <input type="checkbox"/> Year End<br><input type="checkbox"/> Special <input type="checkbox"/> Final<br><input type="checkbox"/> <input type="checkbox"/> Special |  |
| <b>7. Type of Fund (if applicable, check one)</b>  |  | <b>10. Special Report Name</b>  |  |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><br><input checked="" type="checkbox"/> Other:  |  | <input checked="" type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special<br><br><b>Disclosure</b>  |  |
| <b>8. Number of Fundraisers this Report</b>  |  |   |  |
| None   |  |   |  |
| <b>11. Account Information</b>   |  | <b>11. Account Information</b>  |  |
| <b>a. Financial Institution Full Name</b><br>Southern Bank   |  | <b>a. Financial Institution Full Name</b><br>Southern Bank  |  |
| <b>b. Purpose</b><br>Checking for campaign expenses  | <b>c. Account Code</b><br>8896         | <b>b. Purpose</b><br>Checking for campaign expenses   | <b>c. Account Code</b><br>8896         |
| <b>d. Period Begin Balance</b><br>\$ 50.00   |  | <b>d. Period Begin Balance</b><br>\$ 50.00  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <p><b>CERTIFICATION</b></p> <p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, &amp; 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.</p> <p><u>Sadie Simmons</u><br/>Printed Name of Signer</p> </div> <div> <p><u>Sadie Simmons</u><br/>Signature of Appointed Treasurer</p> </div> <div> <p><u>10-23-23</u><br/>Date</p> </div> </div> |  |   |  |
| <b>FOR OFFICE USE ONLY</b>   |  |   |  |
| Date Received: _____   | Employee: _____                        | <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training   |  |
| Date Postmarked: _____   | Employee: _____                        |   |  |
| Date Scanned: _____  | Employee: _____                        |   |  |
| Date Data Entered: _____   | Employee: _____                        |   |  |
| <p><b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>   |  |   |  |

Amendment

☐ Yes ☐ No**Detailed Summary**

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

|   |                          |                                    |                                  |
|---|--------------------------|------------------------------------|----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                              | <b>2. Type of Report</b> | <b>3. ID Number</b>                |                                  |
| Committee to Elect Sadie Simmons for District 4                                     | Organizational           | EIN 93-2453985                     |                                  |
| <b>Start of Election Cycle:</b>   | <b>January 1,</b>        | <b>2023</b>                        |                                  |
|   |                          | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |
| <b>4) Cash on Hand at Start</b>   |                          | \$ 0                               | \$ 1640.00                       |
| <b>RECEIPTS</b>   |                          |                                    |                                  |
| <b>5) Aggregated Contributions from Individuals</b>                                 | (CRO-1205)               | \$ 390.00                          | \$ 390.00                        |
| <b>6) Contributions from Individuals</b>  | (CRO-1210)               | \$ 1250.00                         | \$ 1250.00                       |
| <b>7) Contributions from Political Party Committees</b>                             | (CRO-1220)               | \$ 0                               | \$ 0                             |
| <b>8) Contributions from Other Political Committees</b>                             | (CRO-1230)               | \$ 0                               | \$ 0                             |
| <b>9) Loan Proceeds</b>   | (CRO-1410)               | \$ 0                               | \$ 0                             |
| <b>10) Refunds/Reimbursements To the Committee</b>                                  | (CRO-1240)               | \$ 0                               | \$ 0                             |
| <b>11) Other Receipt Sources</b>  |                          |                                    |                                  |
| 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                             |
| <b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |                          | \$ 1640.00                         | \$ 1640.00                       |
| <b>EXPENDITURES</b>   |                          |                                    |                                  |
| <b>13) Disbursements</b>  |                          |                                    |                                  |
| 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                             |
| <b>14) Aggregated Non-Media Expenditures</b>  | (CRO-1315)               | \$ 0                               | \$ 0                             |
| <b>15) Loan Repayments</b>  | (CRO-1420)               | \$ 0                               | \$ 0                             |
| <b>16) Refunds/Reimbursements From the Committee</b>                                | (CRO-1320)               | \$ 0                               | \$ 0                             |
| <b>17) In-Kind Contributions</b>  | (CRO-1510)               | \$ 0                               | \$ 0                             |
| <b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                          | \$ 354.96                          | \$ 354.96                        |
| <b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18) |                          | \$ 1285.04                         | \$ 1285.04                       |
| <b>ADDITIONAL INFORMATION</b>   |                          |                                    |                                  |
| <b>20) Non-Monetary Gifts Given to Other Committees</b>                             | (CRO-1330)               | \$ 0                               |                                  |
| <b>21) Outstanding Loans (incl. ones from other campaigns)</b>                      | (CRO-1430)               | \$ 0                               |                                  |
| <b>22) Debts and Obligations owed By the Committee</b>                              | (CRO-1610)               | \$ 0                               |                                  |
| <b>23) Debts and Obligations owed To the Committee</b>                              | (CRO-1620)               | \$ 0                               |                                  |
| <b>24) Account Transfers Within the Committee</b>                                   | (CRO-1720)               | \$ 0                               |                                  |
| <b>25) Administrative Support</b>   | (CRO-1710)               | \$ 0                               | \$ 0                             |
| <b>26) Forgiven Loans</b>   | (CRO-1440)               | \$ 0                               | \$ 0                             |
| <b>27) 48-Hour Notice Reports Sum</b>   | (CRO-2220)               | \$ 0                               | \$ 0                             |
| <b>28) Contributions to be Refunded</b>   | (CRO-1215)               | \$ 0                               | \$ 0                             |



# Contributions from Individuals

Pg 1 of 1 Amendment ☐ Yes ☐ No

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

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

# Disbursements

Pg 1 of 1 Amendment ☐ Yes ☐ No

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

|   |                           |                        |   |                      |                                |                                     |
|---|---------------------------|------------------------|---|----------------------|--------------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                        |   |                      | <b>2. ID Number</b>            |                                     |
| Committee to Elect Sadie Simmons for District 4   |                           |                        |   |                      | EIN 93-2453985                 |                                     |
| <b>3. Type of Disbursement</b> <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 |                           |                        |   |                      |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |   |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        | <b>b. Coordinated Committee Name</b>  |                      | <b>d. Comments</b>             |                                     |
| ACCU - Copy Printing<br>322 North John Street<br>Goldsboro, NC 27530  |                           |                        |   |                      |                                |                                     |
|   |                           |                        | <b>c. Level Registered (Specify)</b>  |                      |                                |                                     |
|   |                           |                        | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|   |                           |                        |   |                      | <b>e. Election Sum to Date</b> |                                     |
|   |                           |                        |   |                      | \$                             |                                     |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| 8896  | Check                     | 0                      | 10/19/2023  | \$354.96             | Printed Materials              |                                     |
|   |                           |                        |   | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |   |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        | <b>b. Coordinated Committee Name</b>  |                      | <b>d. Comments</b>             |                                     |
|   |                           |                        |   |                      |                                |                                     |
|   |                           |                        | <b>c. Level Registered (Specify)</b>  |                      |                                |                                     |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                      |                                |                                     |
|   |                           |                        |   |                      | <b>e. Election Sum to Date</b> |                                     |
|   |                           |                        |   |                      | \$                             |                                     |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
|   |                           |                        |   | \$                   |                                |                                     |
|   |                           |                        |   | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |   |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        | <b>b. Coordinated Committee Name</b>  |                      | <b>d. Comments</b>             |                                     |
|   |                           |                        |   |                      |                                |                                     |
|   |                           |                        | <b>c. Level Registered (Specify)</b>  |                      |                                |                                     |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                      |                                |                                     |
|   |                           |                        |   |                      | <b>e. Election Sum to Date</b> |                                     |
|   |                           |                        |   |                      | \$                             |                                     |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
|   |                           |                        |   | \$                   |                                |                                     |
|   |                           |                        |   | \$                   |                                |                                     |
| <b>5. Total only this Page</b>  |                           |                        |   |                      | \$ 354.96                      |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |   |                      |                                |                                     |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  |                           |                        |   |                      |                                |                                     |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  |                           |                        |   |                      |                                |                                     |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)  |                           |                        |   |                      | \$                             |                                     |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)  |                           |                        |   |                      |                                |                                     |
| 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  |                           |                        |   |                      |                                |                                     |
| * Codes require detailed explanation in required remarks field (k)  |                           |                        |   |                      |                                |                                     |

## Nicholas Sullivan

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**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

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