

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Saturday, February 24, 2024 3:51 PM
To: Sadie Simmons
Subject: Audit Complete: YESA Report
Attachments: cro3400.pdf; cro1320.pdf

The audit of the Simmons campaigns YESA Report is complete and the following issues were noted.

- The report is missing a CRO-1320. The report indicates \$1,285.04 in refunds from the committee but fails to document the disbursements. Each transaction should be listed on the CRO-1320. This may require multiple sheets depending on the amount of refunds made.
- The committee needs to submit a CRO-3400 to close the committee.

Please submit a completed copy of each to finalize this last report and close out the committee. I have attached copies of both. Also, for future reference, only one Disclosure Report Cover should be submitted per report. It appears you submitted a cover for each page of the report and that is not necessary.

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.*

Disclosure Report Cover

Amendment	
Yes	No

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

1. Committee Information				
a. Full Name			c. ID Number	
Committee to Elect Sadie Baldwin Simmons for District 4			EIN 93-2453985	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
804 South Claiborne Street Goldsboro, North Carolina 27530			2-25-2024	
			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	07/01/2023	01/26/2024	Sadie Simmons	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> X- Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State/County <input type="checkbox"/> Referendum		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> X-Other:-		<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input checked="" type="checkbox"/> X-Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> X-Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		11. Account Information		
None		a. Financial Institution Full Name Southern Bank		
b. Purpose		c. Account Code		
Checking for campaign expenses		8896		
d. Period Begin Balance		FEB 20 2024		
\$ 50.00		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		Sadie B. Simmons		2-20-2024
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:		Employee:		Delivery Method
2/20/24		AC		Normal Mail
				Registered Mail

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		Detailed Summary Report		EIN 93 -2453985	
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$1640	
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)	\$ 1285.04	\$ 1285.04	
17) In-Kind Contributions		(CRO-1510)	\$ 0	\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 1640.00	\$ 16.40	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 0	\$ 0	
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	

☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Sadie Simmons for District 4					EIN 93-2453985	
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	8896	Cash		10/10/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	8896	Cash		10/10/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	8896	Cash		10/10/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	8896	Cash		10/10/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	8896	Cash		10/20/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	8896	Cash		10/10/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	8896	Cash		10/10/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	8896	Cash		10/10/2023	\$ 40.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
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<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
4. Total only this Page						\$ 390.00
5. Total of ALL CRO-1205 Pages						\$ 390.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment
Pg 1 of 1 ☐ Yes ☐ No

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		d. Comments	
David Perry 1906 East Walnut Street Goldsboro, NC 27530			Contractor/Real Estate			
			c. Employer's Name/Specific Field			
			Goldsboro Builders Supply			
					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"/>						\$
<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		d. Comments	
Munroe Best 809 Mill Road Goldsboro, NC 27530			Contractor			
			c. Employer's Name/Specific Field			
			Best Sand and Gravel			
					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		d. Comments	
Nancy Norwood 216 Ridgewood Drive Goldsboro, NC 27534			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					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 (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ \$1250.00	

Amendment

☐ **Yes** ☐ **No**

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)					2. ID Number	
Committee to Elect Sadie Simmons for District 4					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 (include city, state, & zip) ACCU - Copy Printing 322 North John Street Goldsboro, NC 27530			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
8896	Check	0	10/19/2023	\$354.96	Printed Materials	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$	
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 (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					\$	
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						
(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)						
7. Purpose Codes (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)						

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

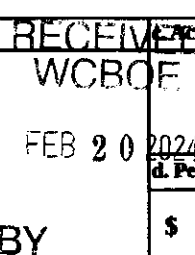
1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Sadie B. Simmons for District 4					EIN 93-2453985	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sadie Baldwin Simmons (Candidate) 804 South Claiborne Street Goldsboro, NC 27530			Teacher			
			c. Employer's Name/Specific Field			
			Wayne County Public Schools			
					e. Election Sum to Date	
					\$ 140.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind	Filing Fee	07/19/2023	\$ 90.00	
<input type="checkbox"/>	8896	In-Kind	Open Bank Acct	07/28/2023	\$ 50.00	
<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		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<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		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 140.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 140.00	

Disclosure Report Cover

Amendment	
Yes	No

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

1. Committee Information				
a. Full Name			c. ID Number	
Committee to Elect Sadie Baldwin Simmons for District 4			EIN 93-2453985	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
804 South Claiborne Street Goldsboro, North Carolina 27530			2-25-2024	
			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	07/01/2023	01/26/2024	Sadie Simmons	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> X- Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input checked="" type="checkbox"/> X -Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> X-Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input checked="" type="checkbox"/> X- Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> X-Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> X- Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> X-Other:-		Disclosure Report		
8. Number of Fundraisers this Report				
None				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Southern Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Checking for campaign expenses	8896			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 50.00		\$	
<div style="text-align: center;">  </div>				
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.				
<u>Sadie Simmons</u> Printed Name of Signer		<u>Sadie B. Simmons</u> Signature of Appointed Treasurer		<u>2-20-2024</u> Date
FOR OFFICE USE ONLY				
Date Received: <u>2/20/24</u>		Employee: <u>AC</u>		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail

Date Scanned: _____

Employee: _____

Electronically Filed
Signer has not received
mandatory training

Date Data Entered: _____

Employee: _____

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.

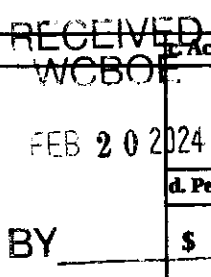
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Disclosure Report Cover

Amendment	
Yes	No

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

1. Committee Information																																								
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<input checked="" type="checkbox"/> X- Candidate Campaign Party <input type="checkbox"/> PAC Referendum <input type="checkbox"/> Independent Expenditure Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td>Organizational</td> <td>Organizational</td> <td>Organizational</td> </tr> <tr> <td>Thirty-five day</td> <td>Quarterly</td> <td>Pre-referendum</td> </tr> <tr> <td>Pre-primary</td> <td>First</td> <td>X- Final</td> </tr> <tr> <td>Pre-election</td> <td>Second</td> <td>Supplemental Final</td> </tr> <tr> <td>Pre-runoff</td> <td>Third</td> <td>Annual</td> </tr> <tr> <td>X -Semi-annual</td> <td>Fourth</td> <td>Special</td> </tr> <tr> <td>Mid Year</td> <td>X- Semi-annual</td> <td></td> </tr> <tr> <td>X-Year End</td> <td>Mid Year</td> <td></td> </tr> <tr> <td>Final</td> <td>X-Year End</td> <td></td> </tr> <tr> <td>Special</td> <td>Final</td> <td></td> </tr> <tr> <td></td> <td>Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	Organizational	Organizational	Organizational	Thirty-five day	Quarterly	Pre-referendum	Pre-primary	First	X- Final	Pre-election	Second	Supplemental Final	Pre-runoff	Third	Annual	X -Semi-annual	Fourth	Special	Mid Year	X- Semi-annual		X-Year End	Mid Year		Final	X-Year End		Special	Final			Special	
Municipal	State/County	Referendum																																						
Organizational	Organizational	Organizational																																						
Thirty-five day	Quarterly	Pre-referendum																																						
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7. Type of Fund (if applicable, check one)		10. Special Report Name																																						
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<u>Sadie Simmons</u> Printed Name of Signer		<u>Sadie B. Simmons</u> Signature of Appointed Treasurer		<u>2-20-2024</u> Date																																				
FOR OFFICE USE ONLY																																								
Date Received: <u>2/20/24</u>		Employee: <u>AC</u>		Delivery Method Normal Mail Registered Mail																																				

Date Scanned: _____

Employee: _____

Electronically Filed
Signer has not received
mandatory training

Date Data Entered: _____

Employee: _____

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.

Disclosure Report Cover

Amendment	
Yes	No

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

1. Committee Information				
a. Full Name			c. ID Number	
Committee to Elect Sadie Baldwin Simmons for District 4			EIN 93-2453985	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
804 South Claiborne Street Goldsboro, North Carolina 27530			2-25-2024	
			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	07/01/2023	01/26/2024	Sadie Simmons	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> X- Candidate Campaign Party <input type="checkbox"/> PAC Referendum <input type="checkbox"/> Independent Expenditure Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input checked="" type="checkbox"/> X -Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> X-Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> X-Other:-		<input type="checkbox"/> State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input checked="" type="checkbox"/> X- Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> X-Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		11. Account Information		
None		RECEIVED WCBOT FEB 20 2024 BY _____		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Southern Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Checking for campaign expenses	8896			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 50.00		\$	
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.				
<u>Sadie Simmons</u> Printed Name of Signer		<u>Sadie B. Simmons</u> Signature of Appointed Treasurer		<u>2-20-2024</u> Date
FOR OFFICE USE ONLY				
Date Received: <u>2/20/24</u>		Employee: <u>AC</u>		Delivery Method
				Normal Mail
				Registered Mail

Date Scanned: _____

Employee: _____

Electronically Filed
Signer has not received
mandatory training

Date Data Entered: _____

Employee: _____

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Disclosure Report Cover

Amendment
Yes
No

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

1. Committee Information				
a. Full Name			c. ID Number	
Committee to Elect Sadie Baldwin Simmons for District 4			EIN 93-2453985	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
804 South Claiborne Street Goldsboro, North Carolina 27530			2-25-2024	
			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	07/01/2023	01/26/2024	Sadie Simmons	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign Party <input type="checkbox"/> PAC Referendum <input type="checkbox"/> Independent Expenditure Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input checked="" type="checkbox"/> X -Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> X-Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input checked="" type="checkbox"/> X- Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> X-Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
"Booster Fund" Building Fund X-Other:-		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> X- Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
None		Disclosure Report		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Southern Bank		RECEIVED WCBOE		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Checking for campaign expenses	8896		FEB 20 2024	
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 50.00		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.				
<u>Sadie Simmons</u> Printed Name of Signer		<u>Sadie B. Simmons</u> Signature of Appointed Treasurer		<u>2-20-2024</u> Date
FOR OFFICE USE ONLY				
Date Received: <u>2/20/24</u>		Employee: <u>AC</u>		Delivery Method Normal Mail Registered Mail

Date Scanned: _____

Employee: _____

Electronically Filed
Signer has not received
mandatory training

Date Data Entered: _____

Employee: _____

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