

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

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

1. Committee Information

a. Full Name Committee to Elect Sadie Baldwin Simmons for District 4	c. ID Number EIN 93-2453985
b. Mailing Address (include City, State and Zip Code) 804 South Claiborne Street Goldsboro, North Carolina 27530	d. Date Filed 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 <i>(check only one type of report from one category)</i>		
X- Candidate Campaign	Party	Municipal	State/County	Referendum
PAC	Referendum	Organizational	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Legal Expense Fund		Pre-primary	First	X- Final
7. Type of Fund <i>(if applicable, check one)</i>		Pre-election	Second	Supplemental Final
"Booster Fund"		Pre-runoff	Third	Annual
Building Fund		X -Semi-annual	Fourth	Special
X-Other:-		Mid Year	X- Semi-annual	
		X-Year End	Mid Year	10. Special Report Name
		Final	X-Year End	Disclosure Report
8. Number of Fundraisers this Report		Special	Final	
			Special	
None				

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Southern Bank		RECEIVED	
b. Purpose	c. Account Code	b. Purpose	d. Account Code
Checking for campaign expenses	8896	WCB0E	
d. Period Begin Balance		FEB 20 2024	
\$ 50.00		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

Indie B. Simmons

2-20-2024

Date _____

FOR OFFICE USE ONLY

Date Received:

2120184

Employee:

AC

Delivery Method

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

Aggregated Contributions from Individuals

Amendment

Page	1	of	1	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Optional form used to report NC Contributions From Individuals of \$50 or less

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				Add <input type="checkbox"/>	Remove <input type="checkbox"/>
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		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				Add <input type="checkbox"/>	Remove <input type="checkbox"/>
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		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				Add <input type="checkbox"/>	Remove <input type="checkbox"/>
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		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 <small>(This line must be on Line 6 of Detailed Summary Page CRO-1100)</small>				\$ \$1250.00	

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)					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:	
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
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:	
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 (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:	
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 (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

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

1. Committee/Fund Name (and Fund # if applicable)				2. ID Number	
Committee to Elect Sadie B. Simmons for District 4				EIN 93-2453985	
3. Contributor Information				Add <input type="checkbox"/>	Remove <input type="checkbox"/>
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sadie Baldwin Simmons (Candidate) 804 South Claiborne Street Goldsboro, NC 27530				b. Job Title/Profession	
				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				Add <input type="checkbox"/>	Remove <input type="checkbox"/>
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sadie Baldwin Simmons (Candidate) 804 South Claiborne Street Goldsboro, NC 27530				b. Job Title/Profession	
				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				Add <input type="checkbox"/>	Remove <input type="checkbox"/>
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sadie Baldwin Simmons (Candidate) 804 South Claiborne Street Goldsboro, NC 27530				b. Job Title/Profession	
				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				\$ 140.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1205)</i>					

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)		
X- Candidate Campaign PAC Independent Expenditure Legal Expense Fund	Party	Municipal	State/County
		Organizational	Organizational
		Thirty-five day	Quarterly
		Pre-primary	First
		Pre-election	Second
		Pre-runoff	Third
		X -Semi-annual	Fourth
		Mid Year	X- Semi-annual
		X-Year End	Mid Year
		Final	X-Year End
		Special	Final
			Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
"Booster Fund" Building Fund X-Other:-			
			Supplemental Final
			Annual
			Special
8. Number of Fundraisers this Report	Disclosure Report		
None			

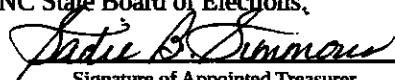
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Southern Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Checking for campaign expenses	8896	RECEIVED	WCBDF
d. Period Begin Balance		d. Period Begin Balance	
\$ 50.00		FEB 20 2024	
		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


Signature of Appointed Treasurer

2-20-2024

Date

FOR OFFICE USE ONLY

Date Received:

2/20/24

Employee:

AC

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.

CRO-1000

NC State Board of Elections

August 2008

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	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)		
X- Candidate Campaign PAC Independent Expenditure Legal Expense Fund	Municipal Organizational Thirty-five day Pre-primary Pre-election Pre-runoff X -Semi-annual Mid Year X-Year End Final Special	State/County Organizational Quarterly First Second Third Fourth X- Semi-annual Mid Year X-Year End Final Special	Referendum Organizational Pre-referendum X- Final Supplemental Final Annual Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
"Booster Fund" Building Fund 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	RECEIVED WEBOF		
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		\$	
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 B. Simmons

Signature of Appointed Treasurer

2-20-2024

Date

FOR OFFICE USE ONLY

Date Received:

2/20/24

Employee:

AC

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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CRO-1000

NC State Board of Elections

August 2008

Disclosure Report Cover

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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)			
X- Candidate Campaign PAC Independent Expenditure Legal Expense Fund	Party Referendum Joint Fundraiser	Municipal Organizational Thirty-five day Pre-primary Pre-election Pre-runoff X -Semi-annual Mid Year X-Year End Final Special	State/County Organizational Quarterly First Second Third Fourth X- Semi-annual Mid Year X-Year End Final Special	Referendum Organizational Pre-referendum X- Final Supplemental Final Annual Special
7. Type of Fund (if applicable, check one)				10. Special Report Name Disclosure Report
"Booster Fund" Building Fund X-Other:-				
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	RECEIVED WCBOR
b. Purpose	b. Purpose
Checking for campaign expenses	c. Account Code
	8896
d. Period Begin Balance	c. Account Code
\$ 50.00	FEB 20 2024
	d. Period Begin Balance
	BY
	\$

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Sadie Simmons
Printed Name of Signer

Sadie B. Simmons
Signature of Appointed Treasurer

2-20-2024
Date

FOR OFFICE USE ONLY

Date Received:

2/20/24

Employee:

AC

Delivery Method

Normal Mail

Electronic Mail

Date Scanned: _____

Employee: _____

Electronically Filed
Signer has not received
mandatory training

Date Data Entered: _____

Employee: _____

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CRO-1000

NC State Board of Elections

August 2008

Disclosure Report Cover

Amendment

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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

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7. Type of Fund (if applicable, check one)			10. Special Report Name
"Booster Fund" Building Fund 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	RECEIVED
b. Purpose	b. Purpose
Checking for campaign expenses	W/CBCE
	c. Account Code
	FEB 20 2024
	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.

Sadie Simmons

Printed Name of Signer

Sadie B. Simmons

Signature of Appointed Treasurer

2-20-2024

Date

FOR OFFICE USE ONLY

Date Received:

2/20/24

Employee:

AC

Delivery Method

Normal Mail

Electronic Mail

Date Scanned: _____

Employee: _____

Electronically Filed
Signer has not received
mandatory training

Date Data Entered: _____

Employee: _____

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CRO-1000

NC State Board of Elections

August 2008