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 Sondra Stewart Simmons	SSS4
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
4130 Rainbow Hills Drive Hickory, North Carolina 28602	2/25/2020
	e. Phone Number
	828-294-6214

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	01/01/2020	02/15/2020	Wendy M Spires

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

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

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☒ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name		
Branch Banking and Trust, Co. now Truist		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
Campaign	SSS4	$ 2,000.00

11. Account Information

a. Financial Institution Full Name		
n/a		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
		$

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.

Wendy M Spires	Wendy M Spires	2/25/2020
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

RECEIVED
FEB 25 2020
By _____

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ 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

Amendment ☐ Yes ☒ No

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 Sondra Stewart Simmons	2020 1st Quarter	

Start of Election Cycle: January 1, 2019		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 2000.00	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 20.00	$ 20.00
6) Contributions from Individuals	(CRO-1210)	$ 2950.00	$ 5605.13
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$	$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	$	$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$	$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	$	$
11c) Outside Sources of Income	(CRO-1250)	$	$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	$	$
11 e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 2970.00	$ 5625.13
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 603.88	$ 603.88
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$	$
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	$ 1511.04	$ 1511.04
17) In-Kind Contributions	(CRO-1510)	$ 0.00	$ 655.13
18) TOTAL EXPENDITURES *(Add lines 13a. 13b. 13c. 14. 15. 16 and 17)*		$ 2114.92	$ 2770.05
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 2855.08	$ 2855.08
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	$	
24) Account Transfers Within the Committee	(CRO-1720)	$	
25) Administrative Support	(CRO-1710)	$	$
26) Forgiven Loans	(CRO-1440)	$	$
27) 48-Hour Notice Reports Sum	(CRO-2220)	$	$
28) Contributions to be Refunded	(CRO-1215)	$	$

Aggregated Contributions from Individuals

Amendment ☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Sondra Stewart Simmons	SSS4

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add / Remove	SSS4	Cash		01/28/2020	$ 20.00
Add / Remove					$
Add / Remove					$
Add / Remove					$
Add / Remove					$
Add / Remove					$
Add / Remove					$
Add / Remove					$
Add / Remove					$
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Add / Remove					$
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Add / Remove					$
Add / Remove					$
Add / Remove					$
Add / Remove					$
Add / Remove					$

4. Total only this Page	$ 20.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 20.00

Contributions from Individuals

Pg 1 of 2

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 Sondra Stewart Simmons	SSS4

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Robert E Lewis 1900 Sipe Road Conover, North Carolina 28602 828-256-8419	Professor/Veterinarian	University of Georgia		$ 2000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	SSS4	Check		01/06/2020	$ 2000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Wendy M Spires 4946 Alexander Place NE Hickory, North Carolina 28601 828-855-6810	Construction Coordinator	Madison Home Builders		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	SSS4	Check		01/06/2020	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bobbi Ann Rector 6726 Waterfront Drive Hickory, North Carolina 28601 828-217-1896	Office Manager	Rector Concrete		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	SSS4	Check		01/13/2020	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 2450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2950.00

Contributions from Individuals

Pg 2 of 2

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 Sondra Stewart Simmons	SSS4

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Christine D Winn 4184 Rainbow Hills Drive Hickory, North Carolina 28602 828-381-7284	Appraiser	Winn Appraisal Group		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	SSS4	Check		01/13/2020	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2950.00

Disbursements

Pg 1 of 2 | 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 Sondra Stewart Simmons	SSS4

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Branch Banking and Trust Co, Now Truist 106 2nd Street NW Hickory, North Carolina 28601 828-304-5000		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 27.03

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SSS4	Debit	K	01/08/2020	$27.03	Checks
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
King International 275 South Main Street King, North Carolina 27021 336-983-5171		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 366.85

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SSS4	Check	B	01/14/2020	$366.85	Banners
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ 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	$ 393.88
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)*	$ 603.88

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)**

Disbursements

Pg 2 of 2 | 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 Sondra Stewart Simmons	SSS4

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Observer News Enterprise Post Office Drawer 48 Newton, North Carolina 28658 828-464-0221		☐ Federal ☐ County: ☐ State ☐ Municipality:	Media	$ 140.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SSS4	Check	A	02/05/2020	$140.00	Newspaper Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Krista Whitener Academy of Dance 318 West 1st Street Conover, North Carolina 28613 828-449-7085		☐ Federal ☐ County: ☐ State ☐ Municipality:	Program Ad	$ 50.0

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SSS4	Check	A	01/30/2020	$50.00	Program Ad
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
GoDaddy Scottsdale, Arizona 480-463-8389		☐ Federal ☐ County: ☐ State ☐ Municipality:	Website	$ 20.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SSS4	Debit	A	02/05/2020	$ 20.00	Website
				$	

5. Total only this Page	$ 210.00
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 Candidate/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 603.88

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)**

Refunds/Reimbursements From the Committee

Pg 1 of 1 | Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to Elect Sondra Stewart Simmons	SSS4

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Sondra Stewart Simmons 4130 Rainbow Hills Drive Hickory, North Carolina 28602 828-294-6214	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	12/29/2019
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☐ County: ☐ State ☐ Municipality:	$ 650.96
	f. Purpose Code	j. Election Sum to Date
	B	$ 650.96

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Office Manager	Winn Appraisal Group	Reimbursement	

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Reimbursement	1/28/2020	$ 650.96

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Sondra Stewart Simmons 4130 Rainbow Hills Drive Hickory, North Carolina 28602 828-294-6214	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	797.50
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☐ County: ☐ State ☐ Municipality:	$ 797.50
	f. Purpose Code	j. Election Sum to Date
	B	$ 1448.46

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Office Manager	Winn Appraisal Group	Reimbursement	

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Reimbursement	1/24/2020	$ 797.50

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Sondra Stewart Simmons 4130 Rainbow Hills Drive Hickory, North Carolina 28602 828-294-6214	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	1/28/2020
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☐ County: ☐ State ☐ Municipality:	$ 62.58
	f. Purpose Code	j. Election Sum to Date
		$ 1511.04

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Office Manager	Winn Appraisal Group	Stakes for Banners	

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Stakes for Banners	1/28/2020	$ 62.58

4. Total only this Page	$ 1511.04
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 1511.04

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind **O* Other**
*** Codes require detailed explanation in required remarks field (m)**