

# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

<b>1. Committee Information</b>					
a. Full Name			c. ID Number		
Committee to Elect Sonya <sup>A</sup> Monica Simmons					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
1300 Myrtle Avenue New Bern, NC 28560 (OR) P.O. Box 13714 New Bern, NC 28561			2/1/2014		
			e. Phone Number		
			(252) 671-5439		
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Sonya <sup>A</sup> Monica <sup>A</sup> Simmons					
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
1300 Myrtle Avenue New Bern, NC 28560		1406 Neuse Blvd. New Bern, NC 28560			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
(252) 671-5439	cic@suddenlink.net				
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
Annette Hooker			Carolyn Williams		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
1406 Devers Circle New Bern, NC 28560			Moore Avenue New Bern, NC 28562		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
252 635-5195		(252) 637-2253			
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information</b> (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
Janet Cherry					
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
4521 Camden Square New Bern, NC 28562					
c. Phone Number	d. Email Address	c. Account Code	d. Type		
(252) 474-3161					
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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.					
Annette Hooker		Annette Hooker		2-1-2014	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



North Carolina  
 State Board of Elections  
 441 N Harrington Street  
 Raleigh, NC 27603

Kim Westbrook Strach  
 Executive Director

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173  
 Fax: (919) 715-8047

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

**FILED BY:**

Candidate Name: Sonya Simmons

Treasurer Name: Annette Hooten

Treasurer Address: 1406 Dever Circle  
 (include city, state, & zip) New Bern, NC 29560

Treasurer Phone: 252-635-5195 / 252-571-3629

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2/13/14  
 Date Signed

Sonya Simmons  
 Signature of Candidate

**Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.**

FEB 18 2014



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**Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

**FILED BY:**

Committee Name: SS Campaign Campaign Simmons  
 Treasurer Name: Audrey Fields Annette Hoban  
 Treasurer Address: 1406 Devers Circle.  
 (include city, state, & zip) New Bern, NC 2856  
252-635-5195 / 571-3629  
 Treasurer Phone: 252 635-5195 / 571-3629

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

2/13/14  
 Date Signed

[Signature]  
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

FEB 18 2014

# 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.

<b>1. Committee Information</b>				
a. Full Name <i>Sonya Monica Phillips Simmons</i>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>1300 Myrtle Avenue New Bern, NC 28560 (OR) P.O. Box 13714 New Bern, NC 28561</i>			d. Date Filed <i>2-1-14</i>	
			e. Phone Number <i>(252) 670-0962</i>	
2. Report Year <i>2014</i>	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <i>Annette Hooten</i>	
<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"/> 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		<b>Municipal</b> <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 type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other:		<b>State/County</b> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
<b>11. Account Information</b>			<b>11. Account Information</b>	
a. Financial Institution Full Name <i>Bank of America</i>			a. Financial Institution Full Name	
b. Purpose <i>Candidate Fundraiser for Fundraiser Building Fund</i>		c. Account Code <i>01</i>		b. Purpose
		d. Period Begin Balance <i>\$ -0-</i>		c. Account Code
				d. Period Begin Balance <i>\$</i>
<b>CERTIFICATION</b>				
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.				
<i>Annette G. Hooten</i>		<i>Annette G. Hooten</i>		<i>3-31-14</i>
Printed Name of Signer		Signature of Appointed Treasurer		Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	<i>APR 01 2014</i>	Employee:	<i>[Signature]</i>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
<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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				