

Statement of Organization – Candidate Committee

Is this statement:
 New Amended

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

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Janis Simmons for Board of Education		FDF12M	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1462 Long Leaf Rd Boiling Spring Lakes, NC 28461		12/14/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-540-2482	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Janis Simmons		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1462 Long Leaf Rd Boiling Spring Lakes, NC 28461		Board of Education	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-540-2482	janissimmons2015@gmail.com	2024	District 4
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Janis E Simmons			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1462 Longleaf Rd Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	
910540 2482	janissimmons2015@gmail.com	910540 2482	
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		SECU	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		JES4	Checking
<input type="checkbox"/> Email copy of report notices			



I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Janis E Simmons Janis E Simmons _____
 Printed Name of Treasurer Signature of Appointed Treasurer Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Janis E Simmons Janis E Simmons _____
 Printed Name of Candidate Signature of Candidate Date