

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 JANIS SIMMONS FOR Board of Education	c. ID Number FOF 12 M
b. Mailing Address (Include City, State and Zip Code) 1462 Longleaf Rd Southport, NC 28461	d. Date Filed 10/29/2024
	e. Phone Number 910 5402482

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 07/01/2024	4. Period End Date (mm/dd/yy) 10/19/2024	5. Treasurer Full Name Janis Simmons
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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	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

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

Booster Fund

Building Fund

Other:

8. Number of Fundraisers this Report

00

10. Special Report Name

11. Account Information		11. Account Information	
a. Financial Institution Full Name State Employees Credit Union	a. Financial Institution Full Name	b. Purpose Campaign Finance	b. Purpose
c. Account Code JES4	c. Account Code	d. Period Begin Balance \$1721.41	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.

Janis E Simmons *Janis E. Simmons* 10/29/2024
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: AH Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: RECEIVED
 Signer has not received mandatory training

Date Scanned: _____ Employee: OCT 29 2024

Date Data Entered: _____ Employee: ARLINGTON COUNTY BOARD OF ELECTIONS

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	
JANIS SIMMONS FOR Board of Education		3 rd Quarter		FDF 12M	
Start of Election Cycle: January 1, 2024		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1721.41		\$ 1721.41	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 2140.00		\$ 3367.20	
7) Contributions from Political Party Committees (CRO-1220)		\$ 800.00		\$ 1457.20	
8) Contributions from Other Political Committees (CRO-1230)		\$ 480.00		\$ 480.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$.30		\$.51	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3420.30		\$ 5304.91	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2195.67		\$ 2201.67	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 50.00		\$ 50.00	
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)		\$ 252.99		\$ 252.99	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2498.66		\$ 2661.86	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2643.05		\$ 4364.46	
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)		\$		\$	

Contributions from Individuals

Page 1 of 10 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	
JANIS SIMMONS FOR Board of Education						FDF 12 M	
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	
Elizabeth K. Moyer 8865 Smithfield Blvd NW Calabash, NC 28467				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JES4	check		08/25/2024	\$ 100.00		
<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	
Mark E Predieri Amy White Predieri 1804 Sandalwood Dr Ocean Isle Beach, NC 28469				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		08/22/2024	\$ 100.00		
<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	
Carolee Morris 6497 Walden Pond Ln Southport, NC 28461				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		08/19/2024	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages						✓ \$ 2140.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

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	
JANIS SIMMONS FOR BOARD OF EDUCATION					FOF 12 M	
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
Naomi Randolph 3024 Hardsmith St Shalotte, NC 28470				No Job Title		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Not employed		
						\$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JES4	check		07/03/2024	\$ 50.00	
<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
Terry R May 320 W Brunswick St Southport, NC 28461				No Job Title		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Not Employed		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JES4	check		08/19/2024	\$ 100.00	
<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
Lloyd T Simmons (Tom) 1462 LONGLEAF RD SOUTHPORT, NC 28461				No Job Title		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Not employed		
						\$ 160.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JES4	check		08/06/2024	\$ 100.00	
<input type="checkbox"/>	JES4	CASH		07/29/2024	\$ 50.00	
<input type="checkbox"/>	JES4	Electronic FUND TRAN		07/31/2024	\$ 10.00	
4. Total only this Page					\$ 310.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 2140.00	

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) <u>JANIS SIMMONS FOR Board of Education</u>	2. ID Number <u>FDF 12 M</u>
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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	
<u>Marguerite Brown</u> <u>2755 Acorn Branch Rd</u> <u>Wilmington, NC 28405</u>		<u>No Job Title</u>			
		c. Employer's Name/Specific Field <u>Not employed</u>			
				e. Election Sum to Date	
				\$ <u>25.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>JES4</u>	<u>check</u>		<u>07/01/2024</u>	\$ <u>25.00</u>
<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	
<u>Martin W O'Neill</u> <u>3729 Windy Pt Rd SW</u> <u>Supply, NC 28462</u>		<u>No Job Title</u>			
		c. Employer's Name/Specific Field <u>Not employed</u>			
				e. Election Sum to Date	
				\$ <u>25.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>JES4</u>	<u>check</u>		<u>07/11/2024</u>	\$ <u>25.00</u>
<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	
<u>Byon Simmons</u> <u>1 Bedford Forest Dr</u> <u>Wilmington, NC 284</u>		<u>Director - Support and Training</u>			
		c. Employer's Name/Specific Field <u>Apiture / Software</u>			
				e. Election Sum to Date	
				\$ <u>50.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>JES4</u>	<u>CASH</u>		<u>07/29/2024</u>	\$ <u>50.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ <u>100.00</u>
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>	\$ <u>2140.00</u>

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	
JANIS SIMMONS FOR Board of Education						FDF 12 M	
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	
Christian Simmons 622 Lanvale Hills Circle Leland, NC 28451				EC Teacher			
				c. Employer's Name/Specific Field			
				Classical charter Schools of America Whiteville		e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JES4	CASH		07/29/2024	\$	50.00	
<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	
Rebecca Leonard 219 Stuart Ave Southport, NC 28461				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JES4	check		09/12/2024	\$	25.00	
<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	
Julia D. Martinelli 8918 Landing Dr SW Sunset Beach, NC 28465				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JES4	check		09/22/2024	\$	50.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 125.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2140.00	

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	
JANIS SIMMONS For Board of Education					FDF 12 M	
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	
Peggy Lacy (Margaret) 5194 Windlass Rd Southport, NC 28461			No Job Title			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Not employed		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JES4	check		09/12/2024	\$ 25.00	
<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	
Edward A Shafer 3569 Hemlock Ridge Dr Southport, NC 28461			No Job Title			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Not employed		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JES4	check		09/24/2024	\$ 250.00	
<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	
Ann Constable 1120 Maple Rd Southport, NC 28461			No Job Title		6/2 \$100	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Not employed		\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	JES4	check		09/15/2024	\$ 50.00	
<input type="checkbox"/>	JES4	check		10/17/2024	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 375.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2140.00	

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	
Janis Simmons For Board of Education						FDE 12M	
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	
Dr Judith Gaoch 5010 Seward Ct Southport, NC 28461				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JES4	check			10/14/2024	\$ 10.00	
<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	
David W Sink, Jr 793 George II Highway SE Winnabow, NC 28479				No Job Title			
				c. Employer's Name/Specific Field			
				Not working		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JES4	check			10/16/2024	\$ 100.00	
<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	
Jan Stocklinski 1403 N Middletown Dr NW Calabash, NC 28467				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	JES4	check			09/12/2024	\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 210.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2140.00	

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	
JANIS SIMMONS FOR Board of Education						FOF 12 M	
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	
Margaret (Betsy) Wells 725 Dixon Sch Rd Kings Mountain, NC 28086				No job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JES4	ELECTRONIC FUND TRAN		10/02/2024	\$ 200.00		
<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	
Sally Buchanan 904 Caswell Beh Rd Caswell Beh, NC 28465				No job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JES4	ELECTRONIC FUND TRAN		10/01/2024	\$ 200.00		
<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	
Denise Ribble 139 NE 3rd St Oak Island, NC 28465				No job Title		Recurring*	
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JES4	ELECTRONIC FUND TRAN		10/08/2024	\$ 10.00		
<input type="checkbox"/>	JES4	"		09/08/2024	\$ 10.00		
<input type="checkbox"/>	JES4	"		08/08/2024	\$ 10.00		
4. Total only this Page						\$ 430.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 2140.00	

Contributions from Individuals

Pg 8 of 10 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	
Janis SIMMONS FOR BOARD of Education						FDE 12 M	
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	
Tina Clark 612 W Brownst Unit D Southport, NC 28461				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 35.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JES4	Electronic FUND Tran		09/11/2024	\$ 35.00		
<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	
Jere McMillan 1136 Delaware St Southport, NC 28461				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JES4	Electronic FUND TRAN		09/13/2024	\$ 50.00		
<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	
Jamie Stein-Muzio 8871 Pickens Pl NE Calabash, NC 28467				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JES4	Electronic FUND TRAN		09/19/2024	\$ 10.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 95.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2140.00	

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	
JANIS SIMMONS FOR Board of Education						FDH2M	
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	
Robert Zeller, 720 Highgate Place SW Ocean Isle Bch, NC 28469				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		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"/>	JES4	Electronic Fund Trans		09/26/2024	\$ 25.00		
<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	
Eilene Marbone 270 Woodlands Way U12 Calabash, NC 28467				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		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"/>	JES4	Electronic FUND TRAN		09/29/2024	\$ 20.00		
<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	
Paul Cevoli 6185 Castlebrook Way SW Ocean Isle Bch, NC 28469				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		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"/>	JES4	Electronic FUND TRAN		08/28/2024	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 145.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2140.00	

Contributions from Individuals

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	
Janis Simmons for Board of Education						FDF 12 NA	
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	
Virginia Downey 53 Augusta Dr Oakes Island, NC 28465				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JES4	CASH		09/11/2024		\$ 20.00	
<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	
732 814 3040 Janice DiGioia 6418 English Holly Ct. SW Ocean Isle Bch, NC 28469				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JES4	CASH		09/19/2024		\$ 20.00	
<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	
201 321 0817 Linda Eastman 7048 Sevilleen Dr SW Ocean Isle Bch, NC 28469				No Job Title			
				c. Employer's Name/Specific Field			
				Not employed		e. Election Sum to Date	
						\$ 10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JES4	CASH		09/19/2024		\$ 10.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 50.00	
5. Total of ALL CRO-1210 Pages						\$ 2140.00	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Political Party Committees

Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
JANIS SIMMONS FOR BOARD OF EDUCATION				FDF 12M	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Brunswick Co Democratic Women PO Box 503 2040 Old Ocean Hwy Supply, NC 28462				check 979	
				c. Election Sum to Date	
				\$ 1457.20	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
JES4	check		09/06/2024	\$ 400.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Brunswick County Democratic Party 2040 Old Ocean Hwy PO Box 503 Supply, NC 28462				Contribution to signs	
				c. Election Sum to Date	
				\$ 1457.20	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
JES4	check		08/02/2024	\$ 400.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 800.00	
5. Total of ALL CRO-1220 Pages				\$	
<small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>					

Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
JANIS SIMMONS FOR Board of Education				FDF 12 M	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Type of Committee		d. Comments
Committee to Elect Jill Brown 618 McKenzie Cir Southport, NC 28461			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		Check 2021
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 480.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
JES4	check		10/09/2024	\$ 480.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			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. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			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. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 480.00	
5. Total of ALL CRO-1230 Pages				\$ 480.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
JANIS SIMMONS FOR Board of Education				FDF12 M	
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)					
<input checked="" type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
SECU PO Box 29561 Raleigh, NC 27626				dividends	
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$.38	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
JES 4	cash		10/17/2024	\$.00	
JES 4	cash		09/19/2024	\$.07	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
SECU PO Box 29561 Raleigh, NC 27626				dividends	
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$.34	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
JES 4	cash		08/19/2024	\$.06	
JES 4	cash		07/19/2024	\$.07	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$.30	
6. Total of ALL CRO-1250 Pages				\$.30	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

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) JANIS SIMMONS FOR Board of Education	2. ID Number PDF 12 M
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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Donahue Advertising 11205 Helber Rd Logan, Ohio 43138	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
d. Comments Yard signs	
e. Election Sum to Date \$ 1142.24	

f. Account Code JES4	g. Form of Payment check	h. Purpose Code 0	i. Date (mm/dd/yyyy) 07/31/2024	j. Amount \$ 1142.24	k. Required Remarks Yard signs
--------------------------------	------------------------------------	-----------------------------	---	--------------------------------	--

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) VistaPrint 447 Advance Blvd Tecumseh, Ontario, Canada	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
d. Comments	
e. Election Sum to Date \$ 471.19	

f. Account Code JES4	g. Form of Payment check	h. Purpose Code B	i. Date (mm/dd/yyyy) 09/12/2024	j. Amount \$ 85.36	k. Required Remarks Bumper stickers
JES4	check	B	09/12/2024	\$ 386.83	Rack cards

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) [REDACTED]	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:
d. Comments [REDACTED]	
e. Election Sum to Date \$ [REDACTED]	

5. Total only this Page **\$ 1613.43**

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)
\$ 2195.67

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

* Codes require detailed explanation in required remarks field (k)

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	
JANIS SIMMONS FOR Board of Education						FDF 12 M	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" 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)				b. Coordinated Committee Name		d. Comments	
SECU Foundation PO Box 29561 Raleigh, NC 27626						Foundation	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<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		
JES4	CASH	0	10/17/2024	\$ 1.00	SECU Foundation		
JES4	CASH	0	09/19/2024	\$ 1.00	" "		
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	
SECU Foundation PO Box 29561 Raleigh, NC 27626						Foundation	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<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		
JES4	cash	0	08/19/2024	\$ 1.00	SECU Foundation		
JES4	cash	0	07/19/2024	\$ 1.00	" "		
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)		e. Election Sum to Date	
				<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		
				\$			
				\$			
5. Total only this Page						\$ 4.00	
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>						\$ 2195.68	
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

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
JANIS SIMMONS for Board of Education						FDF12M
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" 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 <i>(Include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
ActBlue - Vantiv NC 366 Summer St Somerville, MA 02144						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 8.41
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JES 4	cash	C	10/19/2024	\$ 6.15	Operating Exp	
JES 4	cash	C	09/29/2024	\$ 2.26	Operating Exp	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(Include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
ActBlue - Vantiv NC 366 Summer St Somerville, MA 02144						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						\$ 1.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JES 4	CASH	C	08/29/2024	\$ 1.65	Operating Exp	
JES 4	CASH	C	07/29/2024	\$.15	Operating Exp	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(Include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<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						\$ 10.21
6. Total of ALL CRO-1310 Pages						\$ 2195.67
<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 <i>(List detailed expenditure code in (h.) above)</i>						
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

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) JANIS SIMMONS FOR Board of Education	2. ID Number FDF 12 M
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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 [REDACTED]	b. Coordinated Committee Name [REDACTED]	d. Comments [REDACTED]
--	--	----------------------------------

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Lead NC PO Box 1323 Raleigh, NC 27602-1323	b. Coordinated Committee Name [REDACTED]	d. Comments Back to School Messaging with McGreen
c. Level Registered (Specify)		e. Election Sum to Date
<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
JES4	debit card	0	08/24/2024	\$ 50.00	Candidate Training
JES4	debit card	0	08/24/2024	\$ 50.00	Candidate Training

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Vista Print 447 Advance Blvd Tecumseh, Ont, Canada	b. Coordinated Committee Name [REDACTED]	d. Comments eth
c. Level Registered (Specify)		e. Election Sum to Date
<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
JES4	debit card	B	08/21/2024	\$ 252.99	Rack Cards
JES4	debit credit	B	08/23/2024	\$ 215.04	Rack Cards

5. Total only this Page \$ **568.03**

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) \$ **2195.67**

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

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	
JANIS SIMMONS FOR Board of Education						PDF 12 M	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses		<input checked="" 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)				b. Coordinated Committee Name		d. Comments	
Committee to Elect Aquineta Rochelle Beatty							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JES4	check	D	10/18/2024	\$ 50.00	Jazz Donation		
				\$			
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)		e. Election Sum to Date	
				<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)		e. Election Sum to Date	
				<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						\$ 50.00	
6. Total of ALL CRO-1310 Pages						\$ 50.00	
<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)							

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		
JANIS SIMMONS for Board of Education			FDF 12 M		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Tom Simmons 1462 Longleaf Rd Southport, NC 28461		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		08/21/2024	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 252.99	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		f. Purpose Code		j. Election Sum to Date	
		O		\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
No Job Title	Not Employed	Campaign had no checks/debit at that time.		JES 4	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
check	Reimbursement for payment for	08/21/2024	\$ 252.99		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		f. Purpose Code		j. Election Sum to Date	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
			\$		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		f. Purpose Code		j. Election Sum to Date	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount		
			\$		
4. Total only this Page			\$ 252.99		
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)			\$ 252.99		
6. Purpose Codes (List detailed disbursement code in (f) above)					
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)					