

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 FDF12M
b. Mailing Address (Include City, State and Zip Code) 1462 LONGLEAF RD SOUTHPORT, NC 28461	d. Date Filed 02/03/2025
	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 E 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				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input checked="" type="checkbox"/> Other:		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> 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	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name SECU		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FINANCE	c. Account Code JES4	b. Purpose	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 _____ 02/03/2025
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>2/6/25</u>	Employee: <u>NP</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: <u>2/6/25</u>	Employee: <u>NP</u>	
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.

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	FDF12M	
Start of Election Cycle: January 1, 2021	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 1721.41	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 0	
6) Contributions from Individuals (CRO-1210)	\$ 2392.99	\$ 3620.19	
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)	\$	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ 90.00	\$ 90.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$.30	\$.51	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ 0	\$	
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)	\$ 3763.29	\$ 5647.90	
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)	\$ 252.99	\$ 410.19	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2751.65	\$ 2914.85	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2733.05	\$ 2733.05	
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)	\$	\$	

Refunds/Reimbursements To the Committee

Amendment

Yes No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
JANIS SIMMONS FOR BOARD OF EDUCATION				FDF12M	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
JANIS SIMMONS 1462 LONGLEAF RD SOUTHPORT, NC 28461			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		CARD USED IN ERROR
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		10/15/2024			
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Expenditure Amt			
		\$ 40.00			
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
NO JOB TITLE		NOT EMPLOYED		REIMBURSE CAMP AIGN CREDIT CAR	
j. Election Sum to Date		\$ 40.00			
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
JES4	CHECK		10/19/2024		\$ 40.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
LEAD NC PO BOX 1323 RALEIGH, NC 27602			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		MO GREEN TRAINING
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		08/09/2024			
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Expenditure Amt			
		\$ 100.00			
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
NO JOB TITLE		NOT EMPLOYED		REFUND - TOM UNABLE TO ATTEN	
j. Election Sum to Date		\$ 100.00			
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
JES4	CHECK		08/24/2024		\$ 50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
<input type="checkbox"/> Federal <input type="checkbox"/> County:					
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					
		i. Original Expenditure Amt			
		\$			
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
j. Election Sum to Date		\$			
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
					\$
4. Total only this Page					\$ 90.00
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 90.00