

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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	
SIMMONS FOR COUNTY COMMISSIONER		8DFB91	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1462 LONGLEAF RD, BOILING SPRING LAKES, NC 28461		12/06/2023LL	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
LLOYD THOMAS SIMMONS		DEMOCRAT	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1462 LONGLEAF RD BOILING SPRING LAKES, NC 28461		COUNTY COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910 540 2481	ltsimmons531@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	
LLOYD THOMAS SIMMONS		JANIS SIMMONS	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1462 LONGLEAF RD BOILING SPRING LAKES, NC 28461		1462 LONGLEAF RD, BOILING SPRING LAKES, NC 28461	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910 540 2481	ltsimmons531@gmail.com	910 540 2482	janissimmons2015@gmail.com
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" 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
		531	CHECKING
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>LLOYD T SIMMONS _____ Printed Name of Treasurer</p> <p><i>Lloyd T. Simmons</i> _____ Signature of Appointed Treasurer</p> <p>06/09/2025 _____ Date</p> <p>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.</p> <p>LLOYD T SIMMONS _____ Printed Name of Candidate</p> <p><i>Lloyd T. Simmons</i> _____ Signature of Candidate</p> <p>06/09/2025 _____ Date</p>			

RECEIVED
 JUN 10 2025
 BRUNSWICK COUNTY BOARD OF ELECTIONS