Disclosure Report C	over		Amendment Yes No
Use this form for general repor	t and committee information	n, must be signed and submitted	Yes No lalong with other detailed forms.
Do not use this form to update 1. Committee Information	information.		
a. Full Name			c. ID Number
Peter Boykin	I FOR NC.	RECEIVED	C. 210 I variable
b. Mailing Address (include City, Sta	5.5	"。 "我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	d. Date Filed
		7 2	34 22
2060 Stove Mebane NC	27302	ALAMANCE COUNTY	e. Phone Number
Mega-	0-12	BOARD OF ELECTIONS	9 19 758 0597
2 Report Year 3. Period Star	4 Date (mm/da/sv) 4 Perior	i usa natammanya 5 direa	
2002	William Street and Addition of the Committee of the Commi		ter Boykin
6. Lype of Committee (Check)	l Omay — 19. Evocof R	eport :(check-only one type-of)	
Candidate Campaign Par	rty Minicipal	State/County	Referendum
	ferendum Organization	· -	Organizational
☐ Independent Expenditure ☐ Join ☐ Legal Expense Fund	nt Fundraiser	, , ,	Pre-referendum Final
	Pre-election	· • • • • • • • • • • • • • • • • • • •	Supplemental Final
7. Type of Fund (#applicable,	S. Land Co.	Third	Annual
Booster Fund Building Fund	Semi-annua Mid Y	- -	Special
	Year E	********	10. Special Report Name
Ofher:	Final	Year End	The state of the s
8. Number of Fundraisers this	Report Special	Final	
11. Account Information		Special	
a. Financial Institution Full Name		11. Account Information a. Financial Institution Full Name	
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b. Purpose	c. Account Code	b. Purpose	c. Account Code
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	d. Period Begin Balance		d. Périod Begin Balance
AND DOCAL WIND AND SECTION OF THE SE	[\$ &\)		\$
CERTIFICATION I certify that the Committee or Fun	Time and with all one	** ** of A-tiolo 22 A	162
of the NC General Statutes and tha	at no funds are commingled wit	th prohibited or other non-disclose	ed funds. I further certify that this
report is complete, true and correct	t and that I have been trained b	of the NC State Board of Elections	
Peter Boykin	de de)	3 -
Printed Name of Sign	er Si	ignature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
	<i>14-22</i> Emplo	oyee: 🔨	Delivery Method Normal Mail
Date Postmarked:	Emplo		Registered Mail Hand Delivered
Date Scanned: 3	23-22 Emplo	oyee.	☐ Blectronically Filed
Date Data Entered:	Emplo	yeë:	Signer has not received mandatory training
Please Note: This form car assistant	nnot be used to amend communication treasurer, custodian of bool	mittee information such as the cks information, or account information.	committee address, treasurer,
		on (CRO-2100A-E) to make co	

In-Kind Contributions		Pg of _		Yes	□ No
Use this form to report non-monetary contributions, donations, goo Use CRO-1215 if In-Kind Contributions were or will be refu	ds or services pr nded within 7 d	ovided to the comm lavs.	ittee (or fund.	
1. Committee Full Name (and Rund it applicable)			2	D Number	
Peter Boykin FOR NC			1	B463	
3. Contributor information	Add R	emove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Cont Individual	ributor	c. C	omments	
Peter Boylin 2060 Same St Ext Lot 2 Mebane NC 27302	A Candidate Party PAC	,			
Md 10 MC 27302	Referendum	ı	d.E	lection Sum to	Date
THE WAT TO WISH	Other Recei	pt Source	\$	25	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Marke	t Amount 📗
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AND THE PROPERTY OF THE PROPER	Add: Re	のできた。 1960日の大学の Transation Tra			
a: Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Type of Confr Individual	ibutor	Ç, Ç	nunents	
(include city, state, & zip)	Candidate				1
	Party				
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3. Contributor Information	Add 🔲 Re	move.			
	b. Type of Contri	lbutor	c. Co	mments	
(include city, state, & zip)	Individual Candidate				
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4. Total only this Page			\$	25	
5. Total of ALL CRO-1510 Pages	ata se dat Secondo		\$	25	

Amendment

Statement of Organization - Candidate Committee

Is t	his sta	tem	ent:	
7	New	7	Amended	l

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

L. Committee Information. 4. Name of Committee			d. ID Number		
Peter Boykin FOR NC				om son son der	
b. Mailing Address (include City, State and Zip Code)	L 7		e Date Organized		
2060 Stone Street Ext L c: Committee Websile (Optiona))	-07 🕹		3-4-みつ f.Phone Number	taya (azantara)	
BOYKINHNC. COM			9197580	1597	
2. Candidate Information					
a Fall Name	e. Party Affiliation				
Peter Boykw	Republica	9 <i>N</i>		NATION STATES	
b Mailing Address (include Giv, State, and Zip Gode).	f. Office Sought			- 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2060 Stone Street Ext Lot2 metane NC 27302 Phone Number : d. Email Address	NC HOU	ise.			
		h.Ju	isdiction		
9197580597 Peter BUYKING BUYKIN FORCONGRESSIO	m2022		63		
☑ Email copy of report notices 3. Freasurer-information	4. Assisiant Treasi	her Intornat	ion		
r-Full Name	a Full Name:			27.1	
Peter Boykiw			s 1		
	b. Måiling Address (in	lude City, State	and Zip Code)		
2060 Stone Street Ext Lut 2 mersone ne 27302					
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	Email copy of re				
	6. Account Inform a Financial Institution		100000		
Peter Boyh.w	Vells FA	RG-0			
Mailing Address (include Gir/, State, and Zip Code)	Vells FA	√ 5 ₹			
2060 Stone Street Ext Lot 2 Mebane NC 27302	GRA MAM	N/ 276	153	-	
	o Account Gode	c Type			
9197580597 PeterByloneBullin For Congressium	001/2	a cadant constitution of the			
☑ Email copy of report notices	10763	Checking			
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.					
Peter Boykin			3-12-	າລ 🌡	
	ature of Appointed Treas	eurer	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 treasure	er and subject to the	penalties in A	rticle 22A of C	hapter	
163 of the NC General Statutes. Peter Bykin			3 4/2-2	2	
Printed Name of Candidate	Signature of Candidate		Date		