

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 Peter Boykin FOR NC	c. ID Number RECEIVED
b. Mailing Address (include City, State and Zip Code) 2060 Stone Street Ext Lot 2 Mebane NC 27302	d. Date Filed 34 22
	e. Phone Number 919 758 0597

2. Report Year 2022	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name Peter Boykin
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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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> 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 type="checkbox"/> Third	<input type="checkbox"/> Annual
		<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	

7. Type of Fund (if applicable check one)

Booster Fund

Building Fund

Other:

8. Number of Fundraisers this Report

11. Account Information		11. Account Information	
a. Financial Institution Full Name Wells Fargo	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose	c. Account Code PB463	b. Purpose	c. Account Code
d. Period Begin Balance \$ 25	d. Period Begin Balance	d. Period Begin Balance	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.

Peter Boykin
Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY

Date Received: 3-14-22 Employee:

Date Postmarked: _____ Employee: _____

Date Scanned: 3-23-22 Employee:

Date Data Entered: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

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.

In-Kind Contributions

Pg ____ of ____

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

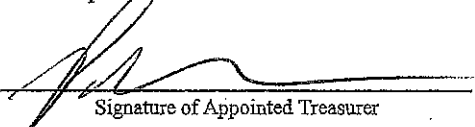
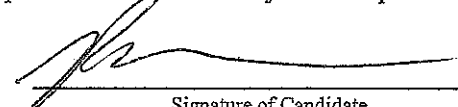
1. Committee Full Name (and Fund if applicable)		2. ID Number
Peter Boykin FOR NC		PB463
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Peter Boykin 2060 Saxe St Ext Lot 2 Mebane NC 27302	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 25
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Checking	3/4/2022	\$ 25
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market 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 Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 25
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 25

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input 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	
Peter Boykin FOR NC			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2060 Stone Street Ext Lot 2		3-4-22	
c. Committee Website (Optional)		f. Phone Number	
BOYKIN4NC.COM		9197580597	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Peter Boykin		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2060 Stone Street Ext Lot 2 MEBANE NC 27302		NC House	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
9197580597	Peter BOYKIN@BOYKINFORCONGRESS.COM	2022	63
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Peter Boykin			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2060 Stone Street Ext Lot 2 MEBANE NC 27302			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9197580597	Peter Boykin@BoykinForCongress.com		
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 (and CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Peter Boykin		Wells Fargo	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
2060 Stone Street Ext Lot 2 MEBANE NC 27302		PB463	
c. Phone Number	d. Email Address	c. Type	
9197580597	Peter Boykin@BoykinForCongress.com	Checking	
<input checked="" 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>Peter Boykin</p> <p>Printed Name of Treasurer</p>		<p></p> <p>Signature of Appointed Treasurer</p>	
		<p>3-12-22</p> <p>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>Peter Boykin</p> <p>Printed Name of Candidate</p>		<p></p> <p>Signature of Candidate</p>	
		<p>3-12-22</p> <p>Date</p>	