

# Statement of Organization - Candidate Committee

Is this statement:

New

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	STA-60RABS-C-001
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
2060 Stone St Ext Lot 2 Mebane NC 27302	3-23-2022
c. Committee Website (Optional)	f. Phone Number
PeterBoykin.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 St Ext Lot 2 Mebane NC 27302	County Commissioner		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
9197580597	peterboykin@gmail.com	2026	Alamance County
<input checked="" type="checkbox"/> Email copy of report notices			

## 3. 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 St Ext Lot 2 Mebane NC 27302	RECEIVED DEC 29 2025		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
9197580597	peterboykin@gmail.com		ALAMANCE COUNTY BOARD OF ELECTIONS
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of report notices	

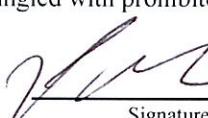
## 5. Custodian of Books Information (Keeper of Records)

a. Full Name	a. Financial Institution Full Name		
Peter Boykin	TRULIANT Federal Credit Union		
b. Mailing Address (include City, State, and Zip Code)			
2060 Stone St Ext Lot 2 Mebane NC 27302			
c. Phone Number	d. Email Address	b. Account Code	c. Type
9197580597	peterboykin@gmail.com	001	Checking
<input checked="" type="checkbox"/> Email copy of report notices			

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

Printed Name of Treasurer



Signature of Appointed Treasurer

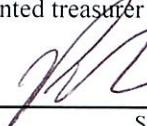
12/28/25

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 treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Peter Boykin

Printed Name of Candidate



Signature of Candidate

12/28/25

Date



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Peter Boykin

Committee Name: Peter Boykin FOR NC

Treasurer Name: Peter Boykin

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Peter Boykin, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

	<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1.	<u>Republican Party NC</u>	<u>100%</u>
2.	_____	_____
3.	_____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: 

Date: 12/29/25

**RECEIVED**

**DEC 29 2025**



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

#### FILED BY:

Committee Name:

Peter Boykin FOR NC

Treasurer Name:

Peter Boykin

Treasurer Address:

2060 Stone St Ext Bt 2

(include city, state, & zip)

Mebane NC 27302

Treasurer Phone:

919 758 0597

#### Check One:

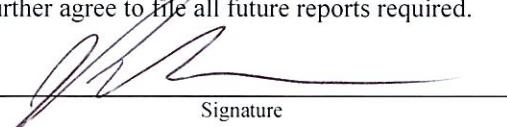
I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12/28/2025

Date Signed

  
Signature

RECEIVED

DEC 29 2025