

# 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.

|   |  |   |   |                    |                   |                                |
|---|--|---|---|--------------------|-------------------|--------------------------------|
| <b>1. Committee Information</b>   |  |   |   |                    |                   |                                |
| <b>a. Full Name</b>   |  |   | <b>c. ID Number</b>   |                    |                   |                                |
| PETER BOYKIN FOR NC   |  |   | STA-60RAB-C-001   |                    |                   |                                |
| <b>b. Mailing Address (include City, State and Zip Code)</b>  |  |   | <b>d. Date Filed</b>  |                    |                   |                                |
| 2060 STONE STREET EXT LOT 2<br>MEBANE, NC 27302   |  |   | 01/30/2026  |                    |                   |                                |
|   |  |   | <b>e. Phone Number</b>  |                    |                   |                                |
|   |  |   | (336) 605-8353  |                    |                   |                                |
| <b>2. Report Year</b>   | <b>3. Period Start Date (mm/dd/yy)</b> | <b>4. Period End Date (mm/dd/yy)</b>  | <b>5. Treasurer Full Name</b>   |                    |                   |                                |
| 2025  | 07/01/2025                             | 12/31/2025  | PETER BOYKIN  |                    |                   |                                |
| <b>6. Type of Committee (Check One)</b>   |  | <b>9. Type of Report (check only one type of report from one category)</b>  |   |                    |                   |                                |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund  |  | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special                           |   |                    |                   |                                |
|   |  | <b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input checked="" type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |   |                    |                   |                                |
|   |  | <b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special   |   |                    |                   |                                |
| <b>7. Type of Fund (if applicable, check one)</b>   |  | <b>10. Special Report Name</b>  |   |                    |                   |                                |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:   |  |   |   |                    |                   |                                |
| <b>8. Number of Fundraisers this Report</b>   |  |   |   |                    |                   |                                |
| 0   |  |   |   |                    |                   |                                |
| <b>3. Account Information</b>   |  | <b>3. Account Information</b>   |   |                    |                   |                                |
| <b>a. Financial Institution Full Name</b>   |  | <b>a. Financial Institution Full Name</b>   |   |                    |                   |                                |
| TRULIANT FEDERAL CREDIT UNION   |  | <div style="font-size: 2em; color: blue; opacity: 0.5;">RECEIVED</div> <div style="color: red; font-weight: bold; margin: 5px;">JAN 30 2026</div> <div style="color: blue; font-weight: bold; margin: 5px;">ALAMANCE COUNTY BOARD OF ELECTIONS</div>  |   |                    |                   |                                |
| <b>b. Purpose</b>   | <b>c. Account Code</b>                 |   |   |                    | <b>b. Purpose</b> | <b>c. Account Code</b>         |
| ACCOUNT FOR PETER BOYKIN FOR NC CAMPAIGN  | PRBBANK                                |   |   |                    |                   |                                |
|   | <b>d. Period Begin Balance</b>         |   |   |                    |                   | <b>d. Period Begin Balance</b> |
|   | \$ 0.00                                |   |   |                    |                   |                                |
| <b>CERTIFICATION</b>  |  |   |   |                    |                   |                                |
| 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 |  |   |   |                    |                   |                                |
| <u>Peter Boykin</u><br>Printed Name of Signer   |  | <br>Signature of Appointed Treasurer  |   | 01/30/2026<br>Date |                   |                                |
| <b>FOR OFFICE USE ONLY</b>  |  |   |   |                    |                   |                                |
| Date Received:  | <u>1/30/26</u>                         | Employee:   | <u>SA</u><br>Delivery Method<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed |                    |                   |                                |
| Date Postmarked:  | _____                                  | Employee:   |   |                    |                   |                                |
| Date Scanned:   | <u>2/6/26</u>                          | Employee:   | <u>W</u><br><input type="checkbox"/> Signer has not received mandatory training   |                    |                   |                                |
| Date Data Entered:  | _____                                  | Employee:   |   |                    |                   |                                |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>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

|  |  |                                    |  |                                  |  |
|--|--|------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                       |  | <b>2. Type of Report</b>           |  | <b>3. ID Number</b>              |  |
| PETER BOYKIN FOR NC  |  | 2025 Year End Semi-Annual          |  | STA-60RAB-C-001                  |  |
| <b>Start of Election Cycle: January 1, 2025</b>                              |  | <b>Total this Reporting Period</b> |  | <b>Total this Election Cycle</b> |  |
| 4) Cash on Hand at Start   |  | \$ 0.00                            |  | \$ 131.52                        |  |
| <b>RECEIPTS</b>  |  |                                    |  |                                  |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 234.00                          |  | \$ 234.00                        |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 9) Loan Proceeds (CRO-1410)  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11) Other Receipt Sources  |  |                                    |  |                                  |  |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11c) Outside Sources of Income (CRO-1250)                                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)      |  | \$ 234.00                          |  | \$ 234.00                        |  |
| <b>EXPENDITURES</b>  |  |                                    |  |                                  |  |
| 13) Disbursements  |  |                                    |  |                                  |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 15) Loan Repayments (CRO-1420)   |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 17) In-Kind Contributions (CRO-1510)   |  | \$ 234.00                          |  | \$ 234.00                        |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 234.00                          |  | \$ 234.00                        |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 0.00                            |  | \$ 131.52                        |  |
| <b>ADDITIONAL INFORMATION</b>  |  |                                    |  |                                  |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |  | \$ 0.00                            |  |                                  |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |  | \$ 0.00                            |  |                                  |  |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   |  | \$ 0.00                            |  |                                  |  |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   |  | \$ 0.00                            |  |                                  |  |
| 24) Account Transfers Within the Committee (CRO-1720)                        |  | \$ 0.00                            |  |                                  |  |
| 25) Administrative Support (CRO-1710)  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 26) Forgiven Loans (CRO-1440)  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 28) Contributions to be Refunded (CRO-1215)                                  |  | \$ 0.00                            |  | \$ 0.00                          |  |

# Contributions from Individuals

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |                                       |   |                     |                    |
|--|------------------------|---------------------------|---------------------------------------|---|---------------------|--------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |                                       |   | <b>2. ID Number</b> |                    |
| PETER BOYKIN FOR NC  |                        |                           |                                       |   | STA-60RAB-C-001     |                    |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                       |   |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                                       | <b>b. Job Title/Profession</b>                        |                     | <b>d. Comments</b> |
| PETER BOYKIN<br>2060 STONE STREET EXT LOT 2<br>MEBANE, NC 27302<br>(336) 605-8353                        |                        |                           |                                       | SECURITY  |                     |                    |
|  |                        |                           |                                       | <b>c. Employer's Name/Specific Field</b><br>SECURITAS |                     |                    |
|  |                        |                           |                                       | <b>e. Election Sum to Date</b>                        |                     |                    |
|  |                        |                           |                                       | \$ 109.00   |                     |                    |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>         | <b>j. Date (mm/dd/yyyy)</b>                           | <b>k. Amount</b>    |                    |
| <input type="checkbox"/>   |                        | In-Kind                   | Website Expense - I&I<br>IONOS INC    | 12/15/2025  | \$ 50.00            |                    |
| <input type="checkbox"/>   |                        | In-Kind                   | Cell Phone<br>Services/Equipment      | 12/15/2025  | \$ 75.00            |                    |
| <input type="checkbox"/>   |                        | In-Kind                   | FILING FEE FOR COUNTY<br>COMMISSIONER | 12/18/2025  | \$ 84.00            |                    |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                       |   |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                                       | <b>b. Job Title/Profession</b>                        |                     | <b>d. Comments</b> |
| PETER BOYKIN<br>2060 STONE STREET EXT LOT 2<br>MEBANE, NC 27302<br>(336) 605-8353                        |                        |                           |                                       | SECURITY  |                     |                    |
|  |                        |                           |                                       | <b>c. Employer's Name/Specific Field</b><br>SECURITAS |                     |                    |
|  |                        |                           |                                       | <b>e. Election Sum to Date</b>                        |                     |                    |
|  |                        |                           |                                       | \$ 109.00   |                     |                    |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>         | <b>j. Date (mm/dd/yyyy)</b>                           | <b>k. Amount</b>    |                    |
| <input type="checkbox"/>   |                        | In-Kind                   | BANK DEPOSIT -<br>CHECKING TRULIANT   | 12/29/2025  | \$ 25.00            |                    |
| <input type="checkbox"/>   |                        |                           |                                       |   | \$                  |                    |
| <input type="checkbox"/>   |                        |                           |                                       |   | \$                  |                    |
| <b>4. Total only this Page</b>   |                        |                           |                                       |   | \$ 234.00           |                    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                       |   | \$ 234.00           |                    |

# In-Kind Contributions

Pg 1 of 1 Amendment  
☐ Yes ☒ 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.

|   |  |  |                              |
|---|--|--|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |  | <b>2. ID Number</b>                            |                              |
| PETER BOYKIN FOR NC   |  | STA-60RAB-C-001                                |                              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |                              |
| PETER BOYKIN<br>2060 STONE STREET EXT LOT 2<br>MEBANE, NC 27302<br>(336) 605-8353                         |  | <input checked="" 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  |                              |
|   |  | <b>d. Election Sum to Date</b>                 |                              |
|   |  | \$ 109.00                                      |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
| Website Expense - 1&1 IONOS INC   |  | 12/15/2025                                     | \$ 50.00                     |
| Cell Phone Services/Equipment   |  | 12/15/2025                                     | \$ 75.00                     |
| FILING FEE FOR COUNTY COMMISSIONER  |  | 12/18/2025                                     | \$ 84.00                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |                              |
| PETER BOYKIN<br>2060 STONE STREET EXT LOT 2<br>MEBANE, NC 27302<br>(336) 605-8353                         |  | <input checked="" 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  |                              |
|   |  | <b>d. Election Sum to Date</b>                 |                              |
|   |  | \$ 109.00                                      |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
| BANK DEPOSIT - CHECKING TRULIANT  |  | 12/29/2025                                     | \$ 25.00                     |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <b>4. Total only this Page</b>  |  | \$ 234.00                                      |                              |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |  | \$ 234.00                                      |                              |