Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500 (when

-1-1	
Amendment	_
☐ Yes	□ No

CRO-2100A

	accompanied by forms CRO-3100 and Cl				
1. Committee Info	rmation	BEALTS CALLED			
a. Full Name				c. ID Number	
Commi	Hee to Elect	Bruce B	cyer		
	lude City, State and Zip Code)			d. Date Organized	
108 72	ockford Ct	4		7/8/2019	
Kerner	rsuille, NC 2728	1-		e. Phone Number	
				336-996-469	9
				356- 176-461	′
2. Candidate Infor	mation		Candidate's	Primary Committee	No.
a. Full Name		e. Candidate ID Numb	er	f. Party Affiliation	
_				Republican	
Bruce 1	Porter Boyer			(Indicate Non-partisan if appli	ooblo'
h Mailing Address (inc	lude City, State, and Zip Code)	g. Office Sought		(moreate ivon-partisan ii appii	Caule)
	ockford ct				
	uille, NC 27284	Kernersuil	le Tou	in Alderman	1
		1	- 1		(0).
c . Phone Number	d. Email Address	h. Next Election Year	Ji. Ju	risdiction	
336-996-4699	bruceboyer@trad. Tr. com	11/5/20	19 m	unicipality	
Email copy of no	otices	1		7	
3. Treasurer Inform		4. Custodian of Bo	oks Informa	ition	1487
a. Full Name		a. Full Name			
Bruce Po	rter Boyer			- 2	
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Mailing Address (in	clude City, Stat		
	ford ct.			ــــ انـــ	
Kerners	uille, IXC 27284				
c. Phone Number	d. Email Address	c. Phone Number	d. Email Addr	ess S	1
336-996-4699	bruceboyer@ +riad. Tr. com			₹ A	t
I prefer to receive	notices by email Yes No	Email copy o	f notices	<u> </u>	
5. Assistant Treasu		6. Account Inform		. CRO-3500) Add	No. of
a, Full Name	Remove	a. Financial Institution		☐ Remove	
	-	First Citize	ns 13 "	nK	
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Purpose			
	1970 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	campa	ign		
c. Phone Number	d. Email Address	c. Account Code	d. Type	<u> </u>	
-	1 200	73 PB108	2- AGG	heckines/	
] ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Sa	unas	
☐ Email copy o					
CERTIFICATION				20. 200 2 200 221	
		all applicable provis	ions of Articl		
I certify that the C	committee or Fund is in compliance with			بكالتحمل الممثلة ويصور سمواهم سا	
I certify that the C Chapter 163 of the	e NC General Statutes and that no funds	are commingled with		or other non-disclosed fu	nds.
I certify that the C Chapter 163 of the	e NC General Statutes and that no funds a at this report is complete, true and correc	are commingled with t.	prohibited o		
I certify that the C Chapter 163 of the	e NC General Statutes and that no funds a at this report is complete, true and correc	are commingled with t.	prohibited o	or other non-disclosed fu	



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

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

FILED BY:		
Candidate Name:	Bruce Boyer	
Treasurer Name:	Bruce P. Boyer	
Treasurer Address:	108 Rockford Ct.	
(include city, state, & zip)	Kernersville, NC 27284	
Treasurer Phone:	336-996-4699	

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/8/2019 Date Signed Brune P. Boyer
Signature of Candidate



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Kim Westbrook Strach Executive Director

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Candidate Designation of Committee Funds

This form is used by candidate of how the committee's funds are t	committees only and allows the candidate to designate in the event of their death, 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:	Bruce Boyer
Commission Name	mmittee to Flat Barre
Treasurer Name:	Bruce P Boyer Kathryn A. Boye
If Candidate is own treasur	rer, designate an agent to carry out designations:
Committee ID #:	
Level Registered: [Stat	te] [County] If county, specify:
funds remaining in my Car debts or reasonable expen	mpaign Committee account(s) (after payment of permitted outstanding ses for winding up the Committee or closing office) be paid in the tted by N.C. Gen. Stat. 163-278.16B(a).
Name of En (Select from \$163.2) Fountain of Life Lutheran Chi	78 (6R(a))
2	
3	
	ify that the foregoing entities are eligible beneficiaries under N.C. a). A copy of this form should be maintained with the Committee
Signature of Candidate:	Brem P. Boyer 7/8/2019
Date:	7/8/2019
CRO-3900	Candidate Designation of Committee Funds July 2014



North Carolina

State Board of Elections

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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:	Committee to Elect Bruce Boyer
Treasurer Name:	Committee to Elect Bruce Boyer Bruce P. Boyer 108 Rockford Ct
Treasurer Address:	108 Rockford Ct
(include city, state, & zip)	Kernersville, NC 27:284
Treasurer Phone:	
election cycle under the pruntil the end of the election expenditures during this elections and file require THIS DECLARATION CALL. I am withdrawing my to file the next scheduled	mittee intends to neither receive nor expend more than \$1,000 during the current ocedures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$1,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate board d campaign finance reports. AN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously g of the current election cycle. I further agree to file all future reports required.
7/15/2019	Benn P. Borg
Date Signed	Signature U