Disclosure Report Cover
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 contraction.					
a. Full Name				1	c. ID Number	
Committee	to Ele	ct E	Sruce #	Soyer	c, ib Number	
b. Mailing Address (include City, Stat					d. Date Filed	
108 Rocks	ord C	4.			116/20	0.0
108 Rockt Kernersville	. NC	0.728	4		1 1	
			·		e. Phone Number	
2 Depart Very 2 D 1 1 G		1			336-996-	4699
2. Report Year 3. Period Start		1	End Date (mm/dd/yy) 5. Treasure	er Full Name	
2019 10/22/2	1 ()		31/2019		Porter E	
6. Type of Committee (Check C	for the second	Type of Rep	ort (check only or	ne type of repa	ort from one categ	ory)
Candidate Campaign Part	y Mu	nicipal	State/Count	у	Referendum	
	erendum	Organizationa		ational	Organizational	
Independent Expenditure Join		Thirty-five da	y Quarter	ly	Pre-referendum	
Legal Expense Fund			Fir	st	Final	
7 True of Frend Afferential I				cond	Supplemental F	final
7. Type of Fund (if applicable, Booster Fund	check one)		Th Th		Annual	
Building Fund		Semi-annual		urth	Special	
Bunding Fund	님	Mid Yea Year End			10 0 1 1 2	
Other;		Final		d Year	10. Special Repo	ort Name
8. Number of Fundraisers this		Special	Final Ye	ar End	<u>^</u>	
of realiser of rundrasers this		Special	Special			292
11. Account Information			11. Account Infor	mation	10	<u> </u>
a. Financial Institution Full Name			a. Financial Institutio			
First Citizon T	Bank				E C	5 23
b. Purpose	c. Account Code		b. Purpose		c. Account Code	200 m
Committee	BPB 108	ŝ			Ш	AN IO:
	d. Period Begin Ba	lance			d. Period Begin Bala	N
	\$ 339.2					ange of
	\$ 237.43	2			\$	
CERTIFICATION						
I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct	t no funds are com	mingled with	prohibited or other n	on-disclosed fu	8 & 22D-22M of Cl nds. I further certif	hapter 163 Ty that this
Bruce Porter	Boyer	Bung	Portent	Boyer	1/16/	2020
Printed Name of Signe	er	Sigr	ature of Appointed Trea	asurer	Date	
FOR OFFICE USE ONLY	1		. 1			
Date Received:	0 2020	Employ	ee:		very Method Normal Mail	
Date Postmarked:		Employ	ee:		Registered Mail Hand Delivered	
Date Scanned:		Employ	ee:		Electronically Fil	ed
Date Data Entered:		Employ	ee:		Signer has not rec mandatory trainin	
Please Note: This form car	not be used to a	mend commi	ttee information such			
assistant	treasurer, custod	ian of books	information, or acc	count informat	ion	aburoi,
You must amend the	he Statement of	Organization	(CRO-2100A-E) to	make commi	ittee changes	
CRO-1000		NC State Board			inte enungeo.	August 2008

Detailed Summary		Amendment Yes No	
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)			
Committee to Elect Bruce Boyer	2. Type of	nal :	3. ID Number
	1		
Start of Election Cycle: January 1, 2019		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 339,25	\$ 0
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)		\$
6) Contributions from Individuals	(CRO-1210)	\$ 25,00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 10,00	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)		\$
EXPENDITURES			+
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 330.25	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 25.00	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1)		\$ 355.25	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub		\$ 19.00	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	Contraction and the second
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Con	tributions f	rom Individu	als			Pg of	(Amendment Yes No
Use the	is form to report	individual contributi	ons over \$50 or c	ontribu	tions u	nder \$50 if form	CRO	1205 is not used
		me (and Fund if ap		~		EN-LET TO A MARK	2.	ID Number
		ee to Ele	ed Dru	CE	De	/e/		
and the second s	tributor Inform	and the second sec		Add	and the second second	Remove	1.44	
	Name, Mailing Addı de city, state, & zip				Title/Pr	1	d. 1	Comments
				C	and	lidate		
1	08 Ro.	Boyer cksord ct	c	c. Emp	loyer's l	Name/Specific Field		
	Kerners	uille, NC	27284					Election Sum to Date
							-	
f. Prior	g. Account Code	h Form of Dovrmont	I To What Doors		_		\$	
		h. Form of Payment	i. In-Kind Descrip	otion		j. Date (mm/dd/		k. Amount
	BPISIOS	check				12/19/20	(q	\$ 25,00
								\$
								\$
the same of the	tributor Inform			Add		emove		
	lame, Mailing Addr de city, state, & zip)			b. Job '	litle/Pro	fession	d. (Comments
(metu	de chy, state, & zip)							
				c. Empl	oyer's N	ame/Specific Field		
							e. E	lection Sum to Date
	1						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/y	ууу)	k. Amount
								\$
								\$
								\$
	tributor Information			Add		emove	1	and the part of the part of the
	ame, Mailing Addro			b. Job T	itle/Pro	fession	d. C	Comments
(includ	le city, state, & zip)							
				c. Empl	oyer's N	ame/Specific Field	-	
							e. E	lection Sum to Date
							\$	
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion		j. Date (mm/dd/y	yyy)	k. Amount
								\$
								\$
								\$
4. Tot	al only this Pa	age			991.0	Carlo Margaret (B)	\$	25,00
5. Tot	al of ALL CR	RO-1210 Pages		Selection of the				25.08
		of Detailed Summary P		ųsturi,	22.3		\$	20,00
CRO-12	210		NC State Board	d of Flee	tions			April 2007

Refunds/Reimbursements To the Committee

Pg ____

Amendment Yes No

(

of

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full	Name (and Fund if app	olicable)			2 1	D Number	
	ree to Elec		ce Boy	101	4.1		
3. Contributor Info				emove			
a. Full Name, Mailing A	A MODEL PROFESSION OF THE OWNER		d. Type of Comm		a C	ammente	
(include city, state, &			Candidate PAC		g. Comments		
	rizen Bank		Referendum	Party			
		2	e. Level Registered (Specify)			riginal Expenditure Date	
Kernersu	ille, XC 272	84	Federal	County:	9 30/2019		
			State	Municipality:	<u> </u>	\$ 30 12019	
					i. Oi	riginal Expenditure Amt	
					\$	10,00	
b. Job Title/Profession	c. Employer's Na	me/Specific Field	f. Parpose		j. El	ection Sum to Date	
nla	bank		banker		\$		
k. Account Code	I. Form of Payment	m. In-Kind Descr	iption	n. Date (mm/dd/yy	yy)	o. Amount	
BPB108	eift			12/30/2010	7	\$ 10.00	
3. Contributor Info			Add 🔲 Re	move	1CH	ate of the second	
a. Full Name, Mailing A			d. Type of Comm		g. C	omments	
(include city, state, &	zip)		Candidate	PAC			
			Referendum	Party			
			e. Level Registere		h. Original Expenditure Date		
			Federal County: State Municipality:				
					i. Original Expenditure Amt		
					\$		
X 1 (0)(4) (0) (0) (4)			6 D				
b. Job Title/Profession	c. Employer's Nat	me/Specific Field	f. Purpose		j. El	ection Sum to Date	
					\$		
k. Account Code	I. Form of Payment	m. In-Kind Descri	iption	n. Date (mm/dd/yy)	yy)	o. Amount	
						\$	
3. Contributor Info	rmation	Tangets and the	Add 🗖 Rei	move	100	Sid Ly District of Street Street St	
a. Full Name, Mailing A	ddress & Phone		d. Type of Committee			g. Comments	
(include city, state, &	zip)		Candidate	D PAC			
			Referendum	Party			
			e. Level Registere		h. O	riginal Expenditure Date	
			Federal	County:			
			State	Municipality:	10-	iginal Expenditure Amt	
						iginal Expenditure Ami	
					\$		
b. Job Title/Profession	c. Employer's Nar	me/Specific Field	f. Purpose		j. Ele	ection Sum to Date	
					\$		
k. Account Code	l. Form of Payment	m. In-Kind Descri	ption	n. Date (mm/dd/yy)	yy)	o. Amount	
						\$	
4. Total only this	s Page	Se Walth State		No. and a state of	\$	10,00	
and the second sec	CRO-1240 Pages		States and	NO PERSONAL PR	\$	80,01	
(This line must be on l	ine 10 of Detailed Summary	Page CRO-1100)	Station of Long La	the angle the second the	Ψ		

Disbursements

of [Pg _ No No Yes Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Full Name (and Fun		1111			2. ID Number
	ittee to T		540	ce R	DOYOV	
3. Type of Dish	oursement (Please	e use separate Cl	RO-131) forms for	each type of Disi	hursoment
Operating Exp		tributions to Candid				ordinated Party Expenditures
4. Payee Inform		1		Add	Remove	
a. Full Name, M	failing Address & Ph	one		b. Coordinat	ed Committee Nam	d. Comments
(include city, state						
Kerner	ox 337	5				
POB	ox 337 -				stered (Specify)	
Kern	ersuille, No	C 27285	_	Federal	County: Municip:	ality: e. Election Sum to Date
1				Giate	iviumerp.	
						\$ 330.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BPBIOS	check	A	111	18/2019	\$ 205	ad
BPBIOS	check	A	121	14/2019	\$ 125	ad
4. Payee Inform	nation			Add 🔲	Remove	
and the second se	ing Address & Phone			1	ed Committee Nam	e d. Comments
(include city, sta	te, & zip)					
Forsyt	h Coonty					
2011	N. Chostnu	4 St		100	stered (Specify)	
leinst	h Coonty N. Chostnu ron - Sachen	n. HC 27	0(Federal	County:	
				L State	Municipa	ality: e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BPBIOS	cash	\bigcirc			\$ 0.25	Darking
			1.01			parting
					\$	
4. Payee Inform		an sais ar			Remove	
a. Full Name, Mail (include city, stat	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Comments
(include city, stat	te, & zip)					
				c. Level Regis	stered (Specify)	
					County:	
				State		lity: e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
					\$	
5. Total only the	is Page	strategy at 25				\$ 330.25
6. Total of ALL	CRO-1310 Pages		11.5	The second	1000	
	line 13a of Detailed Sum	mary Page CRO-11	00 if Oner	ating Expense	e)	
	line 13b of Detailed Sum					\$ 330,00
	line 13c of Detailed Sum					330.25
7. Purpose Co	odes (List detailed	expenditure code	e in (h.)	above)		
A* - Media	B* - Printin	ıg		indraising	D - To 4	Another Candidate
E - Salaries	F* - Equipr			itical Party	H* - Ho	olding Public Office Expenses
I - Postage	J - Penaltie	s	K* - 0	ffice Expense	ses Q* - Do	onation to Legal Expense Fund
O* Other * Codes receiving	a datailed amile of	and the second second		0.13 /15		
CRO-1310	e detailed explanation			tield (k) d of Elections		December 200

Amendment

C

Use this form to rer	ort refund	ments From the Con	nmittee 1	$Pg \perp of \perp$	<u> </u>	Amendment Ves No	
1. Committee Full	Name (an	s/reimbursements, including c d Fund if applicable)	ontributions retu	arned to the contrib		the second se	
		u Elect Brug	R		2.1	D Number	
3. Payee Informati		J LIELT ISTON					
a. Full Name, Mailing		hono.		emove		The second second	
(include city, state, &		none	d. Type of Com	PAC	h. 0	riginal Receipt Date	
			Referendum				
Bruce	Porte	in Boyer ford cl , NC 27284	e. Level Registe		i. Or	riginal Receipt Amount	
108 1<	ockt	ord Cl	Federal	County:		-Buint Hoosely, Hundung	
Kerner	su.lle	, NC 27284	State	Municipality:	\$		
			f. Purpose Code		j. El	ection Sum to Date	
			L		\$		
b. Job Title/Profession c. Employer's Name/Specific Field			g. Comments		L A	ccount Code	
nla							
Form of Payment			return				
ec t	m. Require			n. Date (mm/dd/yy			
		sed account		12/30/201	19	\$ 25.00	
. Payee Informatio			and the second se	emove	100		
Full Name, Mailing A		none	d. Type of Comm	the second se	h. Oi	riginal Receipt Date	
(include city, state, &	zip)		Candidate	D PAC			
			Referendum				
			e. Level Register	and a second sec	iginal Receipt Amount		
			State	County: Municipality:	\$		
			f. Purpose Code		j. Election Sum to Date		
					\$		
Job Title/Profession	с.	Employer's Name/Specific Field	g. Comments	A COMPANY AND A COMPANY	k. Ac	count Code	
			1				
Form of Payment	m. Required	l Remarks		n. Date (mm/dd/yyy	(v)	0. Amount	
						\$	
Payee Information	n		Add 🗌 Re	emove	-	+	
Full Name, Mailing A	ddress & Ph	lone	d. Type of Comm		h Or	iginal Receipt Date	
(include city, state, &	zip)		Candidate	D PAC	II. 01	iginal Receipt Date	
			Referendum	Party			
			e. Level Registere	e d i	i. Ori	ginal Receipt Amount	
			Federal	County:			
					\$		
			State	Municipality:	\$		
				Municipality:	Ť	ction Sum to Date	
			State	Municipality:	Ť	ction Sum to Date	
Job Title/Profession	c. 1	Employer's Name/Specific Field	State	Municipality:	j. Elec \$	ction Sum to Date	
Job Title/Profession	c. 1	Employer's Name/Specific Field	State f. Purpose Code	Municipality:	j. Elec \$		
			State f. Purpose Code	Municipality:	j. Elec \$ k. Acc	count Code	
	c. l m. Required		State f. Purpose Code	Municipality:	j. Elec \$ k. Acc y) 0	count Code	
Form of Payment	m. Required		State f. Purpose Code	Municipality:	j. Elec \$ k. Acc y) 0	count Code • Amount \$	
Form of Payment Total only this Pa	m. Required	Remarks	State f. Purpose Code	Municipality:	j. Elec \$ k. Acc y) 0	count Code Amount \$ ころ、ひの	
Total only this Pa Total of ALL CR	m. Required age O-1320 Pa	Remarks	State f. Purpose Code	Municipality:	j. Elec \$ k. Acc y) 0	count Code • Amount \$	
Form of Payment Total only this Pa Total of ALL CR (This line must be on li	m. Required age O-1320 Pa <i>ine 16 of Deta</i>	Remarks ages ailed Summary Page CRO-1100)	State f. Purpose Code g. Comments	Municipality:	j. Elec \$ k. Acc y) 0 \$	count Code . Amount \$ ころ、ひの	
Form of Payment Total only this Pa Total of ALL CR(This line must be on li Purpose Codes (L L - Returned to Cor	m. Required age O-1320 Pa <i>ine 16 of Deta</i> ist detailed ntributor	Remarks Ages ailed Summary Page CRO-1100) I disbursement code in (f) abo M - Overpayment for	State f. Purpose Code g. Comments	Municipality:	j. Elec \$ k. Acc y) 0 \$ \$	count Code . Amount \$ こち、00 2.5、00	
Form of Payment Total only this Pa Total of ALL CR This line must be on li Purpose Codes (L L - Returned to Cor P* - Reimburseme	m. Required oge O-1320 Pa <i>ine 16 of Deta</i> ist detailed ntributor ent of In-K	Remarks Ages ailed Summary Page CRO-1100) I disbursement code in (f) abo M - Overpayment for	State f. Purpose Code g. Comments ve) Service	Municipality:	j. Elec \$ k. Acc y) 0 \$ \$	count Code . Amount \$ ころ、ひの	