

Statement of Organization - Candidate Committee

Amendment
 Yes No

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 amending, only re-submit if applicable).

1. Committee Information			
a. Full Name <i>Jimmie Boyd for Commissioner</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>4720 Merr. Weather Rd Winston-Salem NC 27107</i>		d. Date Organized <i>2-27-18</i>	
		e. Phone Number <i>336-926-7358</i>	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>Claude Jimmie Boyd Jr</i>		e. Candidate ID Number	f. Party Affiliation <i>Republican</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>4720 Merr. Weather Rd ^{WS} Winston-Salem NC 27107</i>		g. Office Sought <i>Commissioner at large</i>	
c. Phone Number <i>336-926-7358</i>	d. Email Address <i>Jimmie.boyd1972@yahoo.com</i>	h. Next Election Year	i. Jurisdiction
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Claude Jimmie Boyd Jr</i>		a. Full Name <i>Same</i>	
b. Mailing Address (include City, State, and Zip Code) <i>4720 Merr. Weather Rd ^{WS} Winston-Salem NC 27107</i>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <i>336-926-7358</i>	d. Email Address <i>Jimmie.boyd1972@yahoo.com</i>	c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of notices			
<input type="checkbox"/> I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <i>BBOT</i> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <i>Committee</i>	
c. Phone Number	d. Email Address	c. Account Code <i>8107</i>	d. Type <i>Checking</i>
<input type="checkbox"/> Email copy of notices			
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.			
<i>Claude Jimmie Boyd Jr</i> Printed Name of Signer		 Signature of Appointed Treasurer	<i>3-8-2018</i> Date



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

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

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: Jimmie Boyd for Commissioner
 Treasurer Name: Jimmie Boyd
 Treasurer Address: 4720 Miniweath Rd
 (include city, state, & zip) Winston-Salem NC
27107
 Treasurer Phone: 336-926-7358

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.

2-8-2018
 Date Signed

[Signature]
 Signature



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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: Simone Boyd

Committee Name: Simone Boyd for County Commission

Treasurer Name: Simone Boyd

If Candidate is own treasurer, designate an agent to carry out designations: Becca Mickloff

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Forsyth

I, Simone Boyd, hereby direct that in the event of my death or incapacity all 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).

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Make a Wish Foundation</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: [Signature]

Date: 3-12-18