

Disclosure Report Cover

COPY

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.

1. Committee Information	
a. Full Name BOST FOR COMMISSIONER COMMITTEE	c. ID Number 1973
b. Mailing Address (include City, State and Zip Code) 731 MORRIS ROAD WINSTON-SALEM, NC 27101-6418	d. Date Filed 4-19-2012
	e. Phone Number 336-655-2756

2. Report Year 2012	3. Period Start Date (mm/dd/yy) 01-19-2012	4. Period End Date (mm/dd/yy) 04/21/12	5. Treasurer Full Name TOBY DALE BOST
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input checked="" type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

7. Type of Fund (if applicable, check one)

Booster Fund

Building Fund

Other:

8. Number of Fundraisers this Report
1

10. Special Report Name

11. Account Information		11. Account Information	
a. Financial Institution Full Name BB+T BANK	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose CHECKING ACCOUNT FOR CAMPAIGN FINANCE	c. Account Code 1973	d. Period Begin Balance	d. Period Begin Balance
		\$ - 0 -	\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 153 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 of Elections.

TOBY D. BOST Printed Name of Signer Toby D Bost Signature of Appointed Treasurer 04/23/2012 Date

FOR OFFICE USE ONLY

Date Received: 5/1/12 Employee: Judy Spears Delivery Method

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 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

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
BOST FOR COMMISSIONER		FIRST QUARTER	1973
Start of Election Cycle: January 1, 2012		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 535	\$ 535
6) Contributions from Individuals	(CRO-1210)	\$ 9,870	\$ 9,870
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 1,000	\$ 1,000
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0	\$ 0
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 11,405	\$ 11,405
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 5,118.59	\$ 5,118.59
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 250	\$ 250.00
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)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,368.59	\$ 5,368.59
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6,036.41	\$ 6,036.41
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)	\$	\$
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)	\$	\$

Aggregated Contributions from Individuals

Page 1 of

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) <p style="text-align: center; font-size: 1.2em;">BEST for COMMISSIONER</p>	2. ID Number <p style="text-align: center; font-size: 1.2em;">1973</p>
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3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/> Add	1	check		01/29/2012	\$ 50.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	1	check		02/13/12	\$ 50.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	1	check		02/24/12	\$ 25
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	1	CASH		03/13/12	\$ 50.
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	1	CASH		03/13/12	\$ 50.
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	1	check		03/24/12	\$ 25
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	1	check		03/22/12	\$ 50.
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	1	O.L. CASH		3/24/12	\$ 25
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	1	check		4/3/12	\$ 50.00
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	1	ON LINE CASH	RALLY	04/9/12	\$ 50.
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	1	ON LINE	(CASH)	04/9/12	\$ 50.
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	1	ON LINE	(CASH)	03/19/12	\$ 10.
<input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Add	1	online		04/19/12	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		check		04/19/12	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$

Remove! →

335

E. RICH
T. BOST
JERRY McLEES
REW. SELZ
JAY BOST
TODD
Pearsall
Spong
CAMRAN
Hayes
Hayes
J BOST
Joyner
Patrick

4. Total only this Page	\$ 535.00
5. Total of ALL CRO-1205 Pages	\$ 535.00

(This line must be on line 5 of Detailed Summary Page CRO-1100)

CRO-1205

Contributions from Individuals

Amendment

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
POST FOR COMMISSIONER						1973	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARIA Poindexter Vernon 6825 Doublegate Drive Clemmons, NC 27012				Speech-Language Pathologist			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				W/S F. County Schools		\$ 100. ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		01/30/2012	\$ 100. ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Ellen Murphy 1729 Virginia Road Winston-Salem, NC 27104				PROFESSOR / PROGRAM DIRECTOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				WFU HAW School		\$ 150. ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		02/07/2012	\$ 150. ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Elizabeth Ashby 3988 Flyntdale Road Winston-Salem, NC 27106				PRINCIPAL			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				FIRST Assembly Christian School		\$ 1,000. ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		02/19/2012	\$ 1,000. ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1250. ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Pg 5 of 10 Amendment Yes No

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

1. Committee Full Name (and Fund if applicable) Post for Commissioner						2. ID Number 1973	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBERT T. LEE 8808 BELHAVEN CT. LEWISVILLE, NC 27023				b. Job Title/Profession PRESIDENT		d. Comments	
				c. Employer's Name/Specific Field MASTER Counsel Technologies		e. Election Sum to Date \$ 1,000.⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CHECK		03/19/12	\$ 1000. ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ray Owen 1000 Arbor Rd Winston-Salem, NC 27104				b. Job Title/Profession Retired Vice President		d. Comments	
				c. Employer's Name/Specific Field State Farm Insurance Bloomington, IL		e. Election Sum to Date \$ 500.⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		03/21/12	\$ 500. ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY Beth Parker 313 Beechcliff Ct. Winston-Salem, NC				b. Job Title/Profession Educator/retired		d. Comments	
				c. Employer's Name/Specific Field WSFC schools		e. Election Sum to Date \$ 200.⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		3/22/12	\$ 200		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 1700		
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$		

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
BOST FOR COMMISSIONER						1973
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses		<input checked="" type="checkbox"/> Contributions to Candidates/Political Committees			<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) 336/724-6000				b. Coordinated Committee Name		d. Comments
FRASYPH COUNTY GOP 669 PETERS CREEK PARKWAY WINSTON-SALEM, NC 27103				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 250. ⁰⁰
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1973	check	G	02/25/12	\$ 250. ⁰⁰	Regain Dinner GOP SPONSOR	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		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	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		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	
				\$		
				\$		
5. Total only this Page						\$
6. Total of ALL CRO-1310 Pages						\$
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						