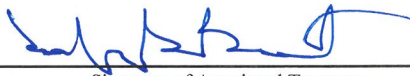
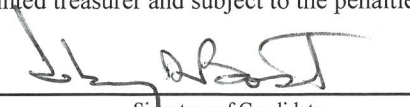


# Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
TOBY BOST FOR SUPERVISOR			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1106 Clyde Edgerton DRIVE, KERNERSVILLE, NC 27284		6/10/2026	
c. Committee Website (Optional)		f. Phone Number	
		336 655-2756	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
TOBY DALE BOST		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1106 Clyde Edgerton DR, KERNERSVILLE, NC 27284		SOIL and WATER DISTRICT SUPERVISOR	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336 655-2756	toby.bost@gmail.com	2026	Forsyth
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
TOBY BOST			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
SAME AS ABOVE			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p>			
<p>TOBY D. BOST</p> <p>Printed Name of Treasurer</p>		<p></p> <p>Signature of Appointed Treasurer</p>	<p>6/17/26</p> <p>Date</p>
<p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p>			
<p>TOBY DALE BOST</p> <p>Printed Name of Candidate</p>		<p></p> <p>Signature of Candidate</p>	<p>6/17/26</p> <p>Date</p>



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## 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:

TORY BOST FOR SUPERVISOR

Treasurer Name:

TORY BOST

Treasurer Address:

1106 Clyde Edgerton Dr

(include city, state, & zip)

Kernersville, NC 27284

Treasurer Phone:

336-655-2756

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.

6/10/26  
Date Signed

Signature

RECEIVED  
2022 JUN 17 11:32 AM  
BOARD OF ELECTIONS



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## 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: TOBY D. BOST

Committee Name: TOBY BOST FOR SUPERVISOR

Treasurer Name: TOBY BOST

If Candidate is own treasurer, designate an agent to carry out designations: Terri Moy

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: FORSYTH DISTRICT

I, TOBY BOST, 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>United Way of Forsyth County</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: 6/17/2026