2021

Aggregated Contributions from Individuals

Page ____ 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)	2. ID Number
Toby Bost BOA Campaign	ICQ94F

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☒ Add ☐ Remove	TA421	CASH	Filing Fee	07/06/2021	$ 10.00
☒ Add ☐ Remove		CASH	open Check'g Acct	07/07/2021	$ 50.00
☒ Add ☐ Remove	DONATION	CASH Ben Bost		08/16/2021	$ 50.00
☐ Add ☐ Remove		CASH Toby Bost	CASH For Acct	08/16/2021	$ 100.00
☐ Add ☐ Remove		~~CASH~~	~~ordered Business Cards~~	~~07/15/2021~~	$ ~~18.49~~
☐ Add ☐ Remove		Debit Card	printing Fliers	08/21/21	$ 26.05
☐ Add ☐ Remove	Signs	Debit cd	PCsigns.com	08/24/21	$ 318.55
☐ Add ☐ Remove		CASH (TB)	CASH For Acct	08/25/21	$ 100.00
☐ Add ☐ Remove			T-shirts/Hobby Lobby	" " "	$ 15.32
☐ Add ☐ Remove		Debit cd	POSTAGE/STAMPS	8/31/21	$ 11.60
☐ Add ☐ Remove		check	Ad @ Kwille News	9/21/21	$ 79.00
☐ Add ☐ Remove		check	Purple T-SHIRTS		$ 96.30
☐ Add ☐ Remove		check	Promo cards STAPLER		$ 37.30
☐ Add ☐ Remove			Lloyd Foster(@) Print T-shirts	9/23/21	$ 5.00
☐ Add ☐ Remove			Alex May Website		$ 117.90
☐ Add ☐ Remove	AD	check	Kelmersville News	11/5/2021	$ 285.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 1 of 1

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)	2. ID Number
TOBY BOST BOA CAMPAIGN	ICQ94F

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Anthony Gill 356 Carlisle Park Drive Kernersville, NC 27284 336/922-3672	Insurance Agent	Anthony Gill Insurance Agency Inc.		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		07/22/21	$ 250
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Alex Moy 1090 Reynolds Price Drive Kernersville NC				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Debit card	Website (BUY URL)		$ 117.90
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page	$
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Returned business check

Refunds/Reimbursements From the Committee

Pg 1 of ____

Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable): TOBY BOST BOA Campaign

2. ID Number: ICQ94F

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
Anthony Gill Insurance Agency
5335 Robinhood Village Dr.
Winston-Salem, NC 27106

d. Type of Committee: ☒ Candidate ☐ PAC ☐ Referendum ☐ Party

h. Original Receipt Date: 07/17/2021

e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:

i. Original Receipt Amount: $ 250.00

f. Purpose Code:

j. Election Sum to Date: $

b. Job Title/Profession: Insurance Agent

c. Employer's Name/Specific Field: Anthony Gill

g. Comments: Deposited + returned

k. Account Code:

l. Form of Payment:

m. Required Remarks:

n. Date (mm/dd/yyyy):

o. Amount: $

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

d. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum ☐ Party

h. Original Receipt Date:

e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:

i. Original Receipt Amount: $

f. Purpose Code:

j. Election Sum to Date: $

b. Job Title/Profession:

c. Employer's Name/Specific Field:

g. Comments:

k. Account Code:

l. Form of Payment:

m. Required Remarks:

n. Date (mm/dd/yyyy):

o. Amount: $

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):

d. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum ☐ Party

h. Original Receipt Date:

e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:

i. Original Receipt Amount: $

f. Purpose Code:

j. Election Sum to Date: $

b. Job Title/Profession:

c. Employer's Name/Specific Field:

g. Comments:

k. Account Code:

l. Form of Payment:

m. Required Remarks:

n. Date (mm/dd/yyyy):

o. Amount: $

4. Total only this Page: $

5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*: $

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor
M - Overpayment for Service
N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind
O* Other
*** Codes require detailed explanation in required remarks field (m)**