

**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 <b>BOULDER FOR COUNCIL</b>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <b>6 COMASSETT LANE P. WILKINSON, NC 28374</b>		d. Date Organized <b>JUL 06 2015</b>	
		e. Phone Number <b>910 235-0228</b>	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <b>JOHN FRANCIS BOULDER</b>		e. Candidate ID Number	f. Party Affiliation <b>NON-PARTISAN</b> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <b>6 COMASSETT LANE P. WILKINSON, NC 28374</b>		g. Office Sought <b>WILKINSON VILLAGE COUNCIL</b>	
c. Phone Number <b>910 235-0228</b>	d. Email Address <b>jbovick@nc-wv.com</b>	h. Next Election Year <b>2015</b>	i. Jurisdiction <b>MOORE COUNTY</b>
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <b>LYDIA BOESCH</b>		a. Full Name <b>LYDIA BOESCH</b>	
b. Mailing Address (include City, State, and Zip Code) <b>35 McMICHAEL DRIVE P. WILKINSON, NC 28374</b>		b. Mailing Address (include City, State, and Zip Code) <b>35 McMICHAEL DRIVE P. WILKINSON, NC 28374</b>	
c. Phone Number <b>910 235-3462</b>	d. Email Address <b>LYDIABOESCH@MC.COM</b>	c. Phone Number <b>910 235-3462</b>	d. Email Address <b>LYDIABOESCH@MC.COM</b>
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name <b>BANK OF AMERICA</b>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <b>GENERAL OPERATING ACCOUNT</b>	
c. Phone Number	d. Email Address	c. Account Code <b>1A</b>	d. Type <b>CHECKING</b>
<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.			
<u>Lydia Boesch</u> Printed Name of Signer		<u>Lydia Boesch</u> Signature of Appointed Treasurer	<u>7/1/15</u> Date



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

Kim Westbrook Strach  
Executive Director

RECEIVED

JUL 06 2015

MOORE BOE  
Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

### Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

#### FILED BY:

Candidate Name:

JOHN F. BOULDER

Treasurer Name:

Lydia Boesch

Treasurer Address:

35 McMichael Drive

(include city, state, &amp; zip)

Dinehurst NC 28374

Treasurer Phone:

(910) 255-3062

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2. July 2015

Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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**Confidential**

**Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

**FILED BY:**

Committee Name: BOULDER FOR COUNCIL  
Treasurer Name: Lydia Boesch  
Treasurer Address: 35 McMichael Dr  
(include city, state, & zip) Pinehurst NC 28374  
Treasurer Phone: (910) 255-3062

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
CHECKING	BANK OF AMERICA	5 VILLAGE GREEN, W PINEHURST, NC 28374	[REDACTED]	1A

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

2. JULY 2015  
Date Signed

[Signature]  
Signature of Candidate or Treasurer

**For Candidate Committees Only**

In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer

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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).

Candidate Name: JOHN F. BOULAMY

Committee Name: BOULAMY FOR COUNCIL

Treasurer Name: Lydia Boesch

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

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

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

I, JOHN F. BOULAMY, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
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>MOORE FAIR CARE CLINIC</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: 2. JULY 2015

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.