Amendment

Disclosure Report Cover

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 Info	rmation							
a. Full Name	a. Full Name							
COMMITTEE TO	COMMITTEE TO ELECT AMY GALEY							
b. Mailing Address (include City, State and Zip Code)  d. Date Fi								d. Date Filed
233 DOCTOR FL BURLINGTON, 1		TT LANE						03/10/2016
								e. Phone Number
								(336) 380-8038
2. Report Year   3. Period Start Date (mm/dd/yy)   4. Period End Date (mm/dd/yy)   5. Treasurer Full Name								
2016 01/01/2016 02/29/2016 AMY SCOTT GALEY								
6. Type of Commit	tee (Check C	One)	9. Typ	e of Repor	(cl	heck only one	type of rep	ort from one category)
X Can didate Campa	nign 🔲 Par		Munic	ipal		State/County		Referendum
☐ Joint Fundraiser	PA	С		Organizatio	nal	Organizatio	nal	Organizational
Referendum		gal Expense Fund	<u> </u>	Thirty-five		Quarterly		Pre-referendum
7. Type of Fund	(if applicabl	le, check one)		Pre-primary	1	First		Final
Booster Fund"				Pre-election	1	Second		Supplemental Final
☐ Building Fund ☐ Presidential Elect	tion Voor Con	didataa Famid		Pre-runoff		Third		Annual
NC Public Campa				Semi-annua Mid Ye		Fourth Semi-annua	1	☐ Special
ive rubile campa	ngn r manemg	, runu		Year E		Mid Ye		10 Caratal Damest Name
Other:				Final	iu l	Year E		10. Special Report Name
8. Number of Fund	Report		Special		Final			
CONTRACTOR OF A STATE		-F						
	0					☐ Special		
	3. Account Information 3. Account Information							
a. Financial Institution Full Name a. Financial Institution Full Name								
AMERICAN NAT	TIONAL BA	ANK						
b. Purpose		c. Account Cod	е		b. Purp	юѕе		c. Account Code
CAMPAIGN		C	AL					
		d. Period Begin	Balan	ce				d. Period Begin Balance
		\$						\$
CERTIFICATION								
I certify that the	Committee o	or Fund is in cor al Statutes and	mplianc	e with all a funds are	pplicab commir	le provisions	of Article 2: hibited or o	2A, 22B & 22D-22M of ther non-disclosed
funds. I further of	certify that the	his report is con	mplete,	true and co	orrect a	nd that I have	been traine	d by the NC State Board
Amy.	S COTT G	ALEY		$\alpha$	wy	Annoisted Treat	V	03/10/2016
		gner		Sign	ature of	Appointed Treat	surer	Date
FOR OFFICE USE	ONLY	<b>1</b> 1 .				$\sim 1.1$		
Date Received:	3	2/10/3010	Ω	Employ	yee: _	WC/		ivery Method Normal Mail
Date Postmarke	ed:			Employ	/ee: _	· · · · · · · · · · · · · · · · · · ·		Registered Mail Hand Delivered
Date Scanned:	<u>3</u>	130/201	<u>le</u>	Emplo	/ee: _	JG	•	Electronically Filed
Date Data Enter	red:		_	Employ	/ee: _			Signer has not received mandatory training
Please Note:	This form ca	annot be used t	o amen	d committe	e infon	mation such as		ttee address, treasurer,
		it treasurer, cus						
You	must amend	the Statement	of Org	anization (	CRO-21	00A-E) to mak	e committe	e changes.

CRO-1000

NC State Board of Elections

December 2007

Amendment ☐ Yes X No

Detailed Summary
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 Re		_	D Number
COMMITTEE TO ELECT AMY GALEY	2016 First Q	uarter		
Start of Election Cycle: January 1,		Total this Reporting Perio		Total this Election Cycle
4) Cash on Hand at Start		\$ 268	3.39	\$ 268.39
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 810	00.0	\$ 810.00
6) Contributions from Individuals	(CRO-1210)	\$ 9,451	.11	\$ 9,451.11
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	00.0	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	00.0	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0	0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0	0.00	\$ 0.00
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0	0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0	0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0	0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 10,261	.11	\$ 10,261.11
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 5,753	.58	\$ 5,753.58
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 202	.45	\$ 202.45
15) Loan Repayments	(CRO-1420)	\$ 0	.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0	.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 3,751	.11	\$ 3,751.11
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 9,707		\$ 9,707.14
(9) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 822		\$ 822.36
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0	.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0	.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0	.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	.00	
25) Administrative Support	(CRO-1710)	\$ 0	.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0	.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	.00	\$ 0.00
(8) Contributions to be Refunded	(CRO-1215)	\$ 0	.00	\$ 0.00

Amendment

X No

**Aggregated Contributions from Individuals** 

Page	1 0	f	1	Yes

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

1. Committe	e Full Name (and	Fund if applicable)			2. ID N	lumber	**************************************
COMMITT	EE TO ELECT A	MY GALEY				_	
3. Contribut	or Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	/уууу)	f. Amount	
☐ Add ☐ Remove	GAL	Cash		02/21/201	16	\$	50.00
Add Remove	GAL	Cash		02/21/201	.6	\$	50.00
Add Remove	GAL	Cash	A THE STATE OF THE	02/09/201	16	\$	25.00
Add Remove	GAL	Cash		02/03/201	16	\$	25.00
Add Remove	GAL	Check		02/09/201	16	\$	50.00
Add Remove	GAL	Check		02/09/201	16	\$	25.00
Add Remove	GAL	Check		02/09/201	16	\$	50.00
Add Remove	GAL	Cash		02/12/201	6	\$	50.00
Add Remove	GAL	Cash		02/12/201	16	\$	50.00
Add Remove	GAL	Cash		02/14/201	6	\$	50.00
Add Remove	GAL	Cash	amuudi amuunideleeli kansaa kun kun vari kuu kun kun kun kun kun kun kun kun kun	02/02/201	6	\$	20.00
Add Remove	GAL	Check		02/03/201	16	\$	50.00
Add Remove	GAL	Cash		01/02/201	16	\$	20.00
Add Remove	GAL	Cash		02/03/201	16	\$	50.00
☐ Add ☐ Remove	GAL	Check		02/09/201	6	\$	20.00
☐ Add ☐ Remove	GAL	Check		02/09/201	16	\$	50.00
☐ Add ☐ Remove	GAL	Check		02/03/201	6	\$	25.00
☐ Add ☐ Remove	GAL	Check		02/09/201	16	\$	25.00
☐ Add ☐ Remove	GAL	Check		02/14/201	6	\$	50.00
☐ Add ☐ Remove	GAL	Check		02/29/201	16	\$	5.00
☐ Add ☐ Remove	GAL	Check		02/01/201	16	\$	20.00
☐ Add ☐ Remove	GAL	Check		01/29/201	16	\$	50.00
4. Total or	ly this Page				\$		\$810.00
5. Total of	ALL CRO-12	205 Pages Detailed Summary Page	CRO-1100)	<del> </del>	\$		\$810.00
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Contri	butions	trom	Indix	ગતામકાર	

					Amendme	nt	
Contributions from Individuals	Pg	_1_	of	6	☐ Yes	X	No
se this form to report individual contributions over \$50 or contribution	ns und	er \$50	if for	m CRO 120	5 is not use	d	

		(and Fund if applicabl	ie)			2. ]	ID Number	•
COMM	IITTEE TO ELE	CT AMY GALEY						
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(inclu	ide city, state, & zi	ip)		CONVENIE	NCE STORE			
SCOTI	r bell	Control		OWNER				
	OONE ROAD			c. Employer's	Name/Specific Field	1		
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	•					e. F	Bection Su	m to Date
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a. Full Name, Mailing Address & Phone b. Job Title/Profession						d. (	d. Comments	
(include city, state, & zip)				RETIRED		<del>                                     </del>		
KEITH BRADY								
5914 STONEY MOUNTAIN RD				c. Employer's	Name/Specific Field	•		
BURLINGTON, NC 27217			!	MAGISTRA	TE			
BORDING 1011, INC 27217			!	111111111111111111111111111111111111111		e. F	lection Su	m to Date
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	S COPLAND	F		RETIRED		1		1
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		213	!		VIII	e. E	dection Sur	m to Date
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5. Tota	al of ALL CRO	0-1210 Pages				_		
		6 of Detailed Summary P	Page CRO-1100)			\$		9,451.11

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

1. Com	nittee Full Name	(and Fund if applicabl	le)			2. J	ID Number	
COMM	IITTEE TO ELE	CT AMY GALEY		-				
3. Contr	ributor Informati	on		Add 🔲 Ren	move			
	lame, Mailing Add			b. Job Title/Pr	ofession	d. (	Comments	
	corr cal ev	ip)		ATTORNEY				
	SCOTT GALEY OCTOR FLOYD :	SCOTT I ANE	!	c. Employer's Name/Specific Field				
	NGTON, NC 27		!	SELF				
	80-8038	217	'	BELLI		e. F	Hection Sum to Date	
,			ł			\$	2,683.13	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	GAL	Check			01/02/2016		\$ 500.00	
	GAL	In-Kind	WEBSITE		01/05/2016		\$ 500.00	
	GAL	Check			01/16/2016		\$ 1,000.00	
3. Contr	ributor Informati	on		Add 🔲 Rea	move			
a. Full Name, Mailing Address & Phone b. Job Title/Profession						d. (	Comments	
(include city, state, & zip)				ATTORNEY				
	SCOTT GALEY	SCOTT I ANE		c. Employer's	Name/Specific Field			
233 DOCTOR FLOYD SCOTT LANE BURLINGTON, NC 27217			1	SELF				
(336) 380-8038				DELI		e. F	Dection Sum to Date	
(330) 300-0030			1			\$	2,683.13	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	GAL	In-Kind	POSTAGE/PO	)STMASTER	01/19/2016		\$ 245.00	
	GAL	In-Kind	OFFICE DEPO	OT OFFICE	01/19/2016		\$ 288.13	
	GAL	In-Kind	MEBANE AR' FACILITY FE		02/08/2016		\$ 100.00	
	ributor Informati			Add 🔲 Rei	move			
a. Full N	lame, Mailing Add	Iress & Phone		b. Job Title/Pr	ofession	d. (	Comments	
	de city, state, & zi	ip)	A MADIANA	ATTORNEY				
	SCOTT GALEY OCTOR FLOYD :	COTT I AND	1	c. Employer's	Name/Specific Field			
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	80-8038	217		DLLI		e. F	dection Sum to Date	
						\$	2,683.13	
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	al of ALL CR	_				\$	9,451.11	
(This l	ine must be on line	6 of Detailed Summary F	Page CRO-1100)			:	,	

Jse this form to report	ort individual contributions	over \$50 or contributions	under \$50 if form CRO	1205 is not used
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1. Com	nittee Full Name	(and Fund if applicabl	e)			2.1	D Number		
COMM	IITTEE TO ELE	CT AMY GALEY							
3. Conti	ributor Informati	on		Add 🔲 Rei	move				
a. Full N	lame, Mailing Ado	lress & Phone		b. Job Title/Pr	ofession	d. Comments			
(inclu	de city, state, & z	ip)		RETIRED					
	GALEY			<u></u>					
	OODBRIDGE DI			c. Employer's Name/Specific Field					
MELB	OURNE, FL 329	940		REAL ESTATE AGENT			e. Election Sum to Date		
						e. Mettion sum to			
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FRED GALEY SR 680 WOODBRIDGE DR				c. Employer's Name/Specific Field					
MELBOURNE, FL 32940				OR OF ELECTIONS					
WIELDOURNE, PE 32740				SUFERVISO	K OF ELECTIONS	e. E	lection Sun	to Date	
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Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not us	s under \$50 if form CRO 1205 is not used
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1. Com	mittee Full Name	(and Fund if applicabl	le)			2.]	D Number
COMM	TITTEE TO ELEC	CT AMY GALEY			:		
3. Cont	ributor Informatio	on .		Add 🔲 Ren	move		
a. Full N	Name, Mailing Add	iress & Phone		b. Job Title/Pre		d. (	Comments
(inclu	ıde city, state, & zi	ip)		FARMER			
BLAIR	KECK					]	
	EECHWOOD TE		!	c. Employer's I	Name/Specific Field	1	
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(inclu	ide city, state, & zi	ip)	771048664	DEVELOPER	₹		
	DEON LOUV					1	
FRANZ COURT  c. Employer's Name/Specific Field				ł			
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	LES SCOTT		1	7 7	* (* * 40 * 379 * 3 3	1	
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4. Tota	al only this Pa	ge	<u> </u>			\$	2,900.0
	al of ALL CR	<del></del>				†	
		6 of Detailed Summary P	Page CRO-1100)			\$	9,451.1

Pg 5 of 6 Amendment No

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

1. Com	nittee Full Name	(and Fund if applicabl	le)			2. ID Number			
COMM	TTEE TO ELE	CT AMY GALEY							
3. Conti	ributor Informati	o <b>n</b>		Add 🔲 Res	nove				
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments		
(inclu	de city, state, & z	ip)		RETIRED					
CONN	IE SCOTT			1					
301 AL	TAMAHAW-U	VION RIDGE RD		c. Employer's	Name/Specific Field	•			
BURLI	NGTON, NC 27	217		HOSPICE		D 44 C 4- D-4			
						e. I	dection Sum to Date		
				l	!	\$	67.98		
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							\$		
							\$		
	ributor Informati	nove							
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(inclu	de city, state, & z	ip)		RETIRED					
SAM S				o Employees 1	Name/Specific Field				
		NION RIDGE RD							
RUKLI	NGTON, NC 27	217		SCOTT CLI	NIC	e. F	lection Sum to Date		
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						\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
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	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments		
WAS COMPANY OF THE PARTY OF THE	de city, state, & z	ip)		RETIRED					
	AM SCOTT VY 119 SOUTH			c. Employer's	Name/Specific Field	1			
	VY 119 SOUTH RIVER, NC 2725	58		SELF	A. A				
TIVA I	G V LAN, 190 2/2.	,,,		SEDI.		e. F	lection Sum to Date		
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4. Tota	al only this Pa	ge				\$	1,067.98		
5. Tota	al of ALL CR	\$	9,451.11						
(This i	ine must be on line	:							

					Amenam	em
Contributions from Individuals	Pg	6	of	6	☐ Yes	X
Is a this form to report individual contributions over \$50 or contribution		Lar \$50	if fam	~ CDO 120	Sia mat was	A

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

1. Com	nittee Full Name		2. ID Number						
COMM	IITTEE TO ELEC	CT AMY GALEY							
3. Conta	ibutor Informati	on		Add 🗖 Ren	move				
a. Full N	ame, Mailing Add	iress & Phone		b. Job Title/Pro	ofession	d. (	d. Comments		
(inclu	de city, state, & zi	ip)		RETIRED					
BILL SMITH									
2658 FLEMING-GRAHAM ROAD c. Employer's Name/Specific Field									
BURLINGTON, NC 27217 FIRE DEPARTMENT						پــا			
						e. I	lection 8	um to Date	
								100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amou	nt	
	GAL	Cash			02/09/2016		\$	50.00	
	GAL	Cash			02/10/2016		\$	50.00	
							\$		
4. Tota	4. Total only this Page							100.00	
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							9,451.11	

CRO-1210

NC State Board of Elections

April 2007

No

T				
1)19	hii	rse	me	ents

			Amendment							
Pg	_1_	of	6	☐ Yes	X No					

1. Committee Fu	ıll Name (and Func	if applicable)						2. ID Nu	nber
COMMITTEE	TO ELECT AMY	GALEY							
3. Type of Disbu	rsement <i>(Pleas</i>	use separate CR(	)-1310	forms for each	type of l	Disbur	seme	<u>nt.)</u>	
X Operating Exp	oenses	tributions to Candidat	tes/Polit	ical Committees		Coo	rdinat	ed Party Ex	penditures
4. Payee Inform	ation			Add 🔲	Remove				
a. Full Name, Ma	ailing Address & P	none		b. Coordinate	d Commit	tee Na	me	d. Comm	ents
(include city, sta	te, & zip)			ļ					
FACE BOOK				c. Level Regis	hanad (Cas	oi for			
NC				Federal		ounty:			
				State		funicip	ality:	e. Electio	n Sum to Date
					THE PARTY OF THE P			\$	38.09
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amoun	t	k. Re	quired Re	marks
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(include city, sta	te, & zip)								
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	CHURCH STREET	•		Federal		ounty:			'
BURLINGTON		State		funicip	ality:	e. Electio	n Sum to Date		
				WEST THE STATE OF	Attimus Americani			\$	720.44
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amoun	t	k. Re	quire d Re	marks
GAL	Debit Card	K		1/24/2016	\$ 5.	3.38	COP	IES	
GAL	Debit Card	K	0.	1/27/2016	\$ 70	6.84	INK	& ENVE	LOPES
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	ailing Address & P	none		b. Coordinate	d Commit	tee Na	me	d. Comm	ents
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DOICLINGTON	i, NC 2/21/			☐ State	_ M	funicip:	ality:	e. Dectio	n Sum to Date
								\$	720.44
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amoun	t	k. Re	quired Re	marks
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GAL	Debit Card	K	02	2/17/2016	\$ 10	0.33	ENV	ELOPES	AND COPIES
5. Total only thi	s Page		,				•	\$	374.29
6. Total of ALL	CRO-1310 Pages								
(This line goes i	n line 13a of Detailed	Summary Page CRO	-1100 if	Operating Expe	nses)			\$	5,753.58
(This line goes i	n line 13b of Detailed	Summary Page CRO	)-1100 if	Contrib to Cand	idates/Poli	tical C	omm)	Ф	3,733.36
(This line goes i	n line 13c of Detailea	Summary Page CRO	-1100 if	Coordinated Pa	rty Expend	itures)			
7. Purpose Codes (List detailed expenditure code in (h.) above)									
A* - Media	A* - Media B* - Printing C* - Fundraising D - To Another Candidate								
E - Salaries	F* - Equip			litical Party			_		Office Expenses
I - Postage	<b>J</b> - Penalt	ies	K* - C	Office Expense	s (	)* - De	onatio	on to Lega	d Expense Fund
O* Other	a datailad avalar -4	on in possized	narka f	iold (le)					
Codes require	e detailed explanat	on in requirea rer	IEUKS I	ieiu (K)					

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			Amendment							
Pg	2_	of	6	☐ Yes	X	No				

1. Committee Fi	ull Name (and Fund i	if applicable)						2. ID Nu	mber
COMMITTEE	TO ELECT AMY (	GALEY							
3. Type of Disbu		use separate CRO	)-1310	forms for each	h type o	f Disbu	rseme	nt.)	
X Operating Exp	oenses	ributions to Candidat	es/Polit	ical Committees		Coc	ordinat	ed Party E	xpenditures
4. Payee Inform	ation			Add 🔲	Remov	'e			
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(include city, sta	te, & zip)			[					
OFFICE DEPO					<del></del>				
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BURLINGTON	I, NC 27217			☐ Federal ☐ State	片	County: Municip		a Florin	n Sum to Date
				L State	<u>L_J</u>	Manierp	anty.	c. Decilo	m Sum to Date
								\$	720.44
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GAL	Debit Card	K	02	2/22/2016	\$	173.98	ENV	ELOPES	AND COPIES
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-	iling Address & Pho	one		b. Coordinated	d Comn	uttee Na	ıme	d. Comm	ents
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				duranda andre de la composição de la com			walter with a series of the	WATER THE SAME VIEW	The state of the s
		<u>,</u>	,	_				\$	64.05
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GAL	Debit Card	K	02	2/28/2016	\$	64.05	COP	IES	
					\$				
4. Payee Inform				Add 🔲	Remov	е			
	iling Address & Pho	one		b. Coordinated	d Comn	ittee Na	me	d. Comm	ents
(include city, sta		a N. C. wall de la communication and a state of the state							
OFFICE DEPO	T			o Lovel Bogie	la wa d (C				
NC				c. Level Regist		County:			
				State	H	•		e. Electio	n Sum to Date
								\$	72.59
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quire d Re	marks
GAL	Debit Card	K	02	2/01/2016	\$	72.59	PAP	ER	
	-				\$				
5. Total only thi	s Page							\$	479.26
6. Total of ALL	CRO-1310 Pages								
(This line goes i	n line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expe	nses)			ø	5 752 50
(This line goes i	n line 13b of Detailed S	Summary Page CRO	-1100 if	Contrib to Cand	idates/Pe	olitical C	omm)	\$	5,753.58
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Pai	rty Exper	nditures)			
	des (List detailed	expenditure code							
A* - Media	B* - Printin	-		undraising				ner Candi	
E - Salaries	F* - Equipm			litical Party			_		Office Expenses
I - Postage	J - Penaltie	S	K* - C	office Expenses	S	Q* - D	onatio	n to Lega	d Expense Fund
O* Other	الانتخارة والموادة	m im mai 1	.aul 6	: al J (I-)					
^ Codes require	e detailed explanatio	n in required ren	arks f	iela (k)					

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			Amendment							
Pg	_3_	of	6	☐ Yes	X	No				

1. Committee Fu	ıll Name (and Fund i	f applicable)				dininiari	2. ID Nun	ber
COMMITTEE	TO ELECT AMY C	ALEY						
3. Type of Disbu	rsement <i>(Please</i>	use separate CRO	)-1310	forms for each	h type of Disbu	rseme	nt.)	
Operating Exp		ibutions to Candidat					ed Party Ex	oenditures
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee Na	ıme	d. Comme	nts
(include city, sta	te, & zip)							
LULIEPATOOI	LIES INC			T . 175	1/0 40			
NC				c. Level Regist		***************************************		
				State	☐ County: ☐ Municip		e. Election	Sum to Date
						<u> </u>	\$	74.73
f Account Code	g. Form of Payment	h. Purpose Code	li Date	(mm/dd/vvvv)	j. Amount	k. Re	quired Ren	narks
GAL	Debit Card	K	<del> </del>	2/09/2016	\$ 74.73		NK YOU	
0.11.	Deon Card	IX	0.	2/03/2010			TIONERY	
			<u> </u>		\$			
4. Payee Inform				Add 🔲	Remove			
	ailing Address & Pho	one		b. Coordinated	d Committee Na	ıme	d. Comme	nts
(include city, sta				İ			1	
MARKELL INC	C			c Lavel Dog!:	tered (Specify)			
PO BO 668	1 210 25215			Federal	County:			
BURLINGTON	I, NC 2/215			State	Municip		e. Hection	Sum to Date
							and the second s	POWNSKI WIECHONISTINI THE MARKET WIECHOLOGO
							\$	1,798.97
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rer	narks
GAL	Debit Card	В	0:	1/20/2016	\$ 1,798.97	YAR	D SIGNS	
					\$			
4. Payee Inform	ation			Add 🔲	Remove			
	ailing Address & Pho	one		b. Coordinated	d Committee Na	ıme	d. Comme	nts
(include city, sta	te, & zip)							
TIMES NEWS								
NC				c. Level Regist	tered (Specify)  County:			
				State			e Election	Sum to Date
				L Brace	П милогр	uiii y .	C. Excellon	
							\$	1,014.87
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rer	narks
GAL	Debit Card	Α	02	2/19/2016	\$ 1,014.87	NEV	<b>VSPAPER</b>	
					\$	ADV	ERTISIN	G
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5. Total only thi	s Page				· · · · · · · · · · · · · · · · · · ·		\$	2,888.57
6. Total of ALL	CRO-1310 Pages							
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	odes (List detailed					·	1	
A* - Media	B* - Printin			undraising	<b>D</b> - To	Anoti	ner Candid	ate
E - Salaries	F* - Equipm	=		litical Party				ffice Expenses
I - Postage	J - Penaltie			Office Expenses			•	Expense Fund
O* Other				<u></u>				•
* Codes require	e detailed explanatio	n in required ren	narks f	ield (k)				

					Amendr
Disbursements	Pg	4	of	6	☐ Yes

1. Committee Fu	ıll Name (and Fund	if applicable)					2. ID Nun	aber
COMMITTEE	TO ELECT AMY (	GALEY						
3. Type of Disbu	rsement (Please	use separate CRO	)-1310	forms for each	h type of Disbu	rseme	nt.)	
X Operating Exp		ributions to Candidat	tes/Polit	ical Committees	☐ Coo	ordinat	ed Party Ex	penditures
4. Payee Inform	ation			Add 🔲	Remove			
	ailing Address & Ph	one		b. Coordinate	d Committee N	ame	d. Comme	nts
(include city, sta	te, & zip)						allation - an income and income and	
POST OFFICE								
NC					tered (Specify)	/ <del>************************************</del>		
				Federal	County		***	
				☐ State	Municip	oality:	e. Bection	Sum to Date
							\$	833.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rer	narks
GAL	Debit Card	Ι	0	1/24/2016	\$ 49.00			
GAL	Debit Card	I	0	1/24/2016	\$ 49.00			
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinated	d Committee N	ame	d. Comme	nts
(include city, sta	te, & zip)			1				
POST OFFICE								
NC c. Level Registered (Specify)								
		☐ Federal ☐ State	☐ County ☐ Municip		a Flaction	Sum to Date		
				LI State		Jain y.	e. Mection	Sum to Date
				ļ			\$	833.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rer	narks
GAL	Debit Card	I	0	1/26/2016	\$ 245.00			
GAL	Debit Card	I	02	2/02/2016	\$ 245.00			- <u>-</u>
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	iling Address & Ph	one		b. Coordinated	d Committee N	ame	d. Comme	nts
(include city, sta	te, & zip)		ina kanana ana ana ana ana ana ana ana an					
POST OFFICE					1.6- :6)			
NC				Federal	tered (Specify)  County			
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				<u> </u>		, unit j .	C. Hettor	Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rer	narks
GAL	Debit Card	Ι	02	2/17/2016	\$ 245.00			
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5. Total only thi	a Paga	<u> </u>	Ĺ		<u> </u>		\$	833.00
5. Total only thi							Ф	833.00
	CRO-1310 Pages							
	n line 13a of Detailed						\$	5,753.58
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,					ny Expenduires)			
	odes (List detailed				n Ta	Anot	her Candid	lata
A* - Media E - Salaries	B* - Printis	-		<b>undraising</b> litical Party				ffice Expenses
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I - Postage O* Other	J - renalis	, s	IZ C	/HICC EAPERSE!	, Q"-D	vuali(	лі то тусяя	Expense rund
	e detailed explanatio	on in required ren	narks f	ield (k)				
Como regani								

X No

L

Disbursements	Pg	5	of	6	☐ Yes	X No
Use this form to report expenditures from the committee for operating expe	enses	, contri	butio	ns to ca	indidate/pe	olitical
committees and coordinated party expenditures					_	
			_			

1. Committee F	ull Name (and Fund i	f applicable)						2. ID Nu	mber
COMMITTEE	TO ELECT AMY (	SALEY							
3. Type of Disbu	rsement (Please	use separate CR(	<i>)-1310</i>	forms for each	h tyl	pe of Disbu	rseme	nt.)	
X Operating Exp	penses	ributions to Candidat	tes/Polit	ical Committees		Coc	ordinat	ed Party Ex	cpenditures
4. Payee Inform	ation			Add 🔲	Rei	move		,	
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Co	mmittee Na	ame	d. Comm	ents
(include city, sta	te, & zip)		~~~						
POST OFFICE									
NC				c. Level Regis	tere				
				Federal		County:		TT 4:	G 1 D 1
				☐ State		☐ Municip	anty:	e. Becuo	n Sum to Date
						·		\$	490.00
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
GAL	Debit Card	I	02	2/24/2016	\$	245.00			
GAL	Debit Card	Ι	02	2/29/2016	\$	245.00			
4. Payee Inform				Add 🔲	Rer	nove			
	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ıme	d. Comm	ents
(include city, sta	te, & zip)								
VISTA PRINT									
VISTAPRINT.COM				c. Level Regist	tere				
NC		State		☐ County: ☐ Municip		o Mastis	n Sum to Data		
(866) 614-8002				i State	anna ann an ann an an an an an an an an	wunterp	amy.	e. Mecuo	n Sum to Date
								\$	688.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quire d Re	marks
GAL	Debit Card	K	01	1/03/2016	\$	131.82	FLY.	ERS	
GAL	Debit Card	K	01	/14/2016	\$	90.71	LAB	ELS WIT	H LEGEND
4. Payee Inform				Add 🔲	Rer	nove			
	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ıme	d. Comm	ents
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VISTA PRINT						1.00			
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NC				State				a Mactic	n Sum to Date
(866) 614-8002						Widiffer	anty.	e. Metho	1 Sull to Date
							İ	\$	688.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
GAL	Debit Card	K	01	/16/2016	\$	149.97	LAB	ELS	
GAL	Debit Card	K	02	2/15/2016	\$	212.42	LAB	ELS	
5. Total only thi	s Page							\$	1,074.92
6. Total of ALL	CRO-1310 Pages								
(This line goes i	n line 13a of Detailed S	ummary Page CRO-	-1100 if	Operating Exper	nses)		3	ø	5 752 50
(This line goes i	n line 13b of Detailed S	ummary Page CRO-	-1100 if	Contrib to Cand	idate	zs/Political Co	omm)	\$	5,753.58
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Pai	ty E	xpenditures)	1		
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	above)					
A* - Media	B* - Printin			undraising				er Candio	
E - Salaries	F* - Equipm			litical Party					ffice Expenses
I - Postage	<b>J</b> - Penaltie	S	K* - O	ffice Expenses	S	Q* - De	onatio	n to Lega	l Expense Fund
O* Other	. 3.4.01 3 3 3			110					
* Codes require	detailed explanation	n in required rem	arks fi	era (K)					

					Amendme	ent
Disbursements	Pg	_6_	of	_6_	☐ Yes	X No
Use this form to report expenditures from the committee for operating e	xpenses.	contril	butio	ns to ca	ndidate/po	litical

U committees and coordinated party expenditures

COMMINGCOOD dista	coordinated party	aponanaios							
1. Committee F	ull Name (and Fund	if applicable)						2. ID Nur	nber
COMMITTEE	TO ELECT AMY	GALEY							
3. Type of Disb	ursement <u>(Please</u>	use separate CRO	0-1310	forms for eac	ch typ	e of Disbu	rseme	nt.)	
X Operating Ex	penses Con	tributions to Candidat	tes/Politi	cal Committee	S	Coo	ordinat	ed Party Ex	penditures
4. Payee Inform	ation			Add 🔲	Ren	ove			
a. Full Name, M	ailing Address & Pl	ione		b. Coordinat	ed Co	mmittee N	ame	d. Commo	ents
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VISTA PRINT									
VISTAPRINT.	COM			c. Level Regi	stered	(Specify)			
NC				☐ Federal		County:			
(866) 614-8002	2			☐ State		Municip	ality:	e. Hection	1 Sum to Date
								\$	688.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy	) j. Aı	nount	k. Re	quired Re	marks
GAL	Debit Card K 02/28/2016 \$ 103.54 LABELS/LEGENDS					ENDS			
					\$				
5. Total only thi	is Page		•					\$	103.54
6. Total of ALL	CRO-1310 Pages	· · ·		· · · · · · · · · · · · · · · · · · ·					
(This line goes	in line 13a of Detailed in line 13b of Detailed		-		-	s/Political (	(mm)	\$	5,753.58
, ,	in line 13c of Detailed		•				,	The state of the s	
7. Purpose C	odes (List detailed	l expenditure code	in (h.) a	above)					
A* - Media	B* - Printi	ng	C* - F	undraising	-	<b>D</b> - To	Anotl	her Candid	late
E - Salaries	F* - Equipa	nent	<b>G</b> - Po	litical Party		H* - H	olding	Public O	ffice Expenses
I - Postage	J - Penalti	es	K* - C	office Expense	es	Q* - D	onatio	on to Lega	l Expense Fund
O* Other				-					
* Codes requir	e detailed explanati	on in required ren	narks fi	ield (k)					
CRO-1310		NC S	tate Boa	rd of Elections					December 2009

Aggregated Non-Media Expenditures	Aggregated	Non-Media	<b>Expenditures</b>
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	Amendm	ent	
Page 1 of 1	☐ Yes	X	No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

_			Fund if applicable)			2 ID	Number		
		TEE TO ELECT				2.10	Number		
	NINIINII I	EE TO ELECT	AMY GALEY						
3. 1	ayee Inf	ormation				<u>.                                    </u>		· · · · · · · · · · · · · · · · · · ·	
	mend		c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Am	ount	g. Required Remarks	
	Add Remove	GAL	Cash	С	02/02/2016	\$	50.00	FACILITY FEE	
	Add Remove	GAL	Debit Card	K	02/16/2016	\$	41.62	ENVELOPES	
	Add Remove	GAL	Cash	С	02/08/2016	\$	25.60	ELECTIONS VOTER CD	
	Add Remove	GAL	Cash	K	01/09/2016	\$	10.67	PICTURE	
	Add Remove	GAL	Debit Card	K	01/13/2016	\$	20.55	PAPER, LABELS	
	Add Remove	GAL	Cash	K	01/16/2016	\$	4.01	ENVELOPES	
	Add Remove	GAL	Cash	С	02/09/2016	\$	25.00	FACILITY FEE	
	Add Remove	GAL	Cash	С	01/27/2016	\$	25.00	FACILITY FEE	
4. Total only this Page							\$ 202.45		
		f ALL CRO-1 nust be on line 14 oj	315 Pages f Detailed Summary Pa	ge CRO-1100)		\$		202.45	
6.	Purpos		letailed expenditu			ال السلام			
			- Printing	C* - Fundr	•		other Car	and the second s	
	- Salar		- Equipment			Hold	ing Pub	lic Office Expenses	
	- Posta	<b>-</b>	Penalties	K* - Office	Expenses Q*-	Dona	ntions to	<b>Legal Expense Fund</b>	
	)* - Ot								
		require detail	led explanation i	n required ren	narks field (g)				
$\overline{CR}$	0-1315		NC St.	ate Board of Election	ns			December 2009	

## **In-Kind Contributions**

				Amendme	ent	
Pg	1	of	2	☐ Yes	X	No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)				2. ID N	Number
COMMITTEE TO ELECT AMY GALEY					
3. Contributor Information	Ado	d 🔲 Rer	move		
a. Full Name, Mailing Address & Phone		ype of Con		c. Com	nments
(include city, state, & zip)		Individual	***************************************		
AMY SCOTT GALEY		Candidate		1	
233 DOCTOR FLOYD SCOTT LANE	1	Party		ļ	
BURLINGTON, NC 27217	_	PAC			
(336) 380-8038		Referendum		d. Hec	tion Sum to Date
		Other Recei	pt Source	\$	2,683.13
c. Description			f. Date (mm/dd	/уууу)	g. Fair Market Amount
WEBSITE			01/05/20	16	\$ 500.00
POSTAGE/POSTMASTER			01/19/20	16	\$ 245.00
OFFICE DEPOT OFFICE PRODUCTS			01/19/20	16	\$ 288.13
3. Contributor Information	Add	d 🔲 Ren	move		
a. Full Name, Mailing Address & Phone	b. Ty	ype of Con	tributor	c. Com	ıments
(include city, state, & zip)	J—	Individual		THE RESERVE TO THE PARTY OF THE	kiili maan mariidisii iliittii iliittii iliittii maama maatta fallistii ka maanaa mattii ta ta
AMY SCOTT GALEY	1=	Candidate			
233 DOCTOR FLOYD SCOTT LANE	1 ==	Party			
BURLINGTON, NC 27217		PAC		<u></u>	
(336) 380-8038	1-	Referen dum		d. Hec	tion Sum to Date
Other Receip		pt Source	\$	,	
e. Description	·		f. Date (mm/dd	Јуууу)	g. Fair Market Amount
MEBANE ARTS CENTER FACILITY FEE			02/08/203	16	\$ 100.00
LOUNGE RENTAL			02/11/201	16	\$ 50.00
					\$
3. Contributor Information	Add	d 🔲 Ren	move		
a. Full Name, Mailing Address & Phone		ype of Cont	tributor	c. Com	ıments
(include city, state, & zip)	4	Individual	30000000000000000000000000000000000000		
DEON LOUV	1=	Candidate			
FRANZ COURT		Party		1	
ELON, NC 27244		PAC	i		
	1—	Referendum		d. Hec	tion Sum to Date
		Other Recei		\$	2,500.00
e. Description			f. Date (mm/dd.	/уууу)	g. Fair Market Amount
WEB SITE DEVELOPMENT			01/05/201	16	\$ 2,500.00
					\$
			·		
					\$
4. Total only this Page				\$	3,683.13

In-Kind Contributions Use this form to report non-monetary contributions, do Use CRO-1215 if In-Kind Contributions were or wil	nations, į l be refu	goods or serv	2 vices pro	vided to			No No
1. Committee Full Name (and Fund if applicable)				2. ID Number			
COMMITTEE TO ELECT AMY GALEY							
3. Contributor Information	☐ Ad	ld 🔲 Rei	nove				
a. Full Name, Mailing Address & Phone	b. Type of Contributor				c. Comments		
(include city, state, & zip)	X	Individual	***************************************				
CONNIE SCOTT 301 ALTAMAHAW-UNION RIDGE RD BURLINGTON, NC 27217	Candidate Party PAC Referendum			d. Election Sum to Date			
	1=		eipt Source				67.98
e. Description			f. Date	(mm/dd	/уууу)	g. Fair M	arket Amount
BJ'S DRINKS & SNACKS		02/02/2016		\$	67.98		
						\$	
						\$	
4. Total only this Page			\$		<del>1</del>	67.98	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$			3,751.11

NC State Board of Elections

December 2007

CRO-1510