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.

a. Full Name c. ID Numb COMMITTEE TO ELECT AMY GALEY	er							
COMMITTEE TO ELECT AMY GALEY								
b. Mailing Address (include City, State and Zip Code) d. Date File	ed							
233 DOCTOR FLOYD SCOTT LANE BURLINGTON, NC 27217 07/2	25/2019							
	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 Nar	me							
2019 01/01/2019 06/30/2019 AMY SCOTT GALE								
6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one	e category)							
X Candidate Campaign □ Party Municipal State/County Referender								
☐ Joint Fundraiser ☐ PAC ☐ Organizational ☐ Organizational	ational							
☐ Referendum ☐ Legal Expense Fund ☐ Thirty-five day Quarterly ☐ Pre-refe	erendum							
7. Type of Fund (if applicable, check one) Pre-primary First Final								
	ental Final							
□ Building Fund □ Pre-runoff □ Third □ Annual								
☐ Presidential Election Year Candidates Fund Semi-annual ☐ Fourth ☐ Special								
□ NC Public Campaign Financing Fund Mid Year Semi-annual								
Year End Mid Year 10. Special	Report Name							
Other: Final Year End								
8. Number of Fundraisers this Report								
O Special								
3. Account Information 3. Account Information								
a. Financial Institution Full Name a. Financial Institution Full Name								
AMERICAN NATIONAL BANK								
b. Purpose c. Account Code b. Purpose c. Account C	Code							
CAMPAIGN GAL								
d. Period Begin Balance d. Period Bo	egin Balance							
s 2,487,79	THE PROPERTY OF THE PROPERTY O							
CERTIFICATION								
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 2 Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disfunds. I further certify that this report is complete, true and correct and that I have been trained by the NC	sclosed							
Printed Name of Signer Anny S. G-alay O7/2 Signature of Appointed Treasurer I	25/2019							
Printed Name of Signer Signature of Appointed Treasurer I	Date							
FOR OFFICE USE ONLY								
Date Received: 7/25/19 Employee: KN Delivery Method								
Date Postmarked: Employee: Registered ☐ Registered ☐ Hand Deliv	Mail							
Date Scanned: 8-2-19 Employee: JG Electronical								
Date Data Entered: Employee'	not received							
Date Data Entered mandatory	name and the explanation beautiful in							
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
Use this form to summarize all disclosure reporting forms and to total monetary information

Use this form to summarize all disclosure reporting forms at 1. Committee Full Name (and Fund if applicable)	2. Type of Re		3. ID	Number
COMMITTEE TO ELECT AMY GALEY	2019 Mid Y	ear Semi-Annual		
Start of Election Cycle: January 1,2019		Total this Reporting Perio	od	Total this Election Cycle
4) Cash on Hand at Start	_	\$ 2,487.	79	\$ 2,487.79
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.	00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 5,000.	00	\$ 5,000.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.	00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.	00	\$ 0.00
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.	00 3	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.	00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.	00 3	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.	00 3	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.	00 3	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 5,000.	00 3	\$ 5,000.00
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 2,073.	02	\$ 2,073.02
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 1,000.0	00 5	\$ 1,000.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	00	8 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.0	00 5	0.00
15) Loan Repayments	(CRO-1420)	\$ 0.0	00 5	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.0	00 5	0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.0	00 5	0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	\$ 3,073.0	02 5	3,073.02
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 4,414.		\$ 4,414.77
ADDITIONAL INFORMATION	1			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0	00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0	00	e die ee beschiede de ee
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0	00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0	00	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	00	
25) Administrative Support	(CRO-1710)	\$ 0.0	00 5	0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.0	00 5	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0	00 \$	0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.0	00 \$	0.00

Contr	ibut	ions	from	Indi	ividuals
COLLU	ANUAL	10113			CIMMUIN

				Amenament					
Pg _	1_	of	1		Yes	X	No		

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

1. Com	mittee Full Name		2. ID Number					
COMN	MITTEE TO ELE	CT AMY GALEY						
	ributor Informati			Add 🔲 1	Remove			
	Name, Mailing Ad			b. Job Title/	Profession	d. Comments		
(incl	ide city, state, & z	ip)		ATTORNE	EY			
	SCOTT GALEY					1		
	OCTOR FLOYD				's Name/Specific Field	┨		
BUKL	INGTON, NC 27	/217		SELF		e.	Flection	Sum to Date
						-		
						\$		5,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Am	ount
	GAL	Check			02/19/2019		\$	2,000.00
	GAL	Check			03/08/2019		\$	1,000.00
	GAL	Check		04/03/2019			\$	1,000.00
3. Cont	ributor Informati	on		Add 🔲 F	Remove		<u> </u>	
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/	Profession	d. 6	Comme	nts
(inclu	ide city, state, & z	ip)		ATTORNE	Y			
	SCOTT GALEY							
	OCTOR FLOYD			c. Employer's Name/Specific Field				•
BURL	INGTON, NC 27	7217		SELF		e. Election Sum to Date		
						-		
						\$		5,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Am	ount
	GAL	Check			05/30/2019		\$	1,000.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$	1	5,000.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$		5,000.00
CRO-12				ard of Election	ns			April 2007

Disbursem	ients				Pg	1	_ of		1 Yes	🗓 No
	report expenditures coordinated party ex		ee for c	perating exper	ises	, cont	ributi	ions to	o candidate/p	oolitical
	ull Name (and Fund								2. ID Numb	er
	TO ELECT AMY (•					
3. Type of Dis bu	irsement (Please)	use separate CRO	<i>O-1310</i>	forms for each	tyj	pe of l	Disbu	rseme	ent.)	
Operating Exp	oenses X Contr	ributions to Candida	tes/Polit	ical Committees			Co	ordinat	ted Party Expe	nditures
4. Payee Inform	ation			Add 🔲	Rei	move				
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	mmit	tee N	ame	d. Commen	ts
(include city, sta	te, & zip)									
CITIZENS FOR	R TAMARA BARRI	NGER							<u> </u>	
PO BOX 99749	•			c. Level Regis	tere				_	
RALEIGH, NC	i —	Federal County:								
				X State		<u> Ш</u> М	lunicij	oality:	e. Dection S	um to Date
									\$	1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	moun	t	k. Re	quired Rema	rks
GAL	Check	D	04	4/08/2019	\$	1,000	0.00			
					\$					
5. Total only thi	s Page	<u> </u>							\$	1,000.00
(This line goes i (This line goes i	CRO-1310 Pages n line 13a of Detailed S n line 13b of Detailed S n line 13c of Detailed S	ummary Page CRO	-1100 if	Contrib to Cand	idate	es/Polit		omm)	\$	1,000.00
	des (List detailed	expenditure code	in (h.)	above)						
A* - Media	B* - Printin	-		undraising					her Candidat	
E - Salaries	F* - Equipmo			litical Party				_	g Public Offi	-
I - Postage	J - Penaltie	S	K* - C	Office Expenses		Q	* - D	onatio	on to Legal E	xpense Fund
O* Other										
	e detailed explanatio			<u> </u>						1 2000
CRO-1310		NC S	tate Boa	ard of Elections						December 2009

Amendment

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11	10	hii	rse	m	Δľ) TC

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Pg	1_	of	3	☐ Yes	X No

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

1. Committee F	full Name (and Fund i	if applicable)					2. ID Nun	ıber
COMMITTEE	TO ELECT AMY C	GALEY						
3. Type of Disbu	ursement (Please	use separate CRC	<u>0-1310</u>	forms for eac	h type of Disbu	irseme	<u>ent.)</u>	
X Operating Exp	penses Cont	ributions to Candidat	tes/Polit	tical Committees	; Co	ordinat	ted Party Exp	penditures
4. Payee Inform	nation				Remove			
1	ailing Address & Pho	one		b. Coordinate	d Committee N	ame	d. Comme	nts
(include city, sta								
	COUNTY SHERIFF	'S OFFICE		1 .1 D2.	1 (0		4	
109 S MAPLE				c. Level Regis	ctered (Specify) County		-	
GRAHAM, NC	27253			State	☐ Munici		e. Election	Sum to Date
						P J	\$	125.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	<u>1</u> quired Ren	ıarks
GAL	Check	A	-	4/05/2019	\$ 125.00			DAR/BOOK
					\$			
4. Payee Inform	ation	<u> </u>		Add 🔲	Remove			·
	ailing Address & Pho	one		b. Coordinate	d Committee N	ame	d. Comme	nts
(include city, sta	-				C			
AO CIVITANS	•]	
4410 HWY 87 1					tered (Specify)			
ELON, NC 27244							Flaction	C to Data
			i	L State	L] within	Sainy.	e. Mecuon	Sum to Date
			•		,		\$	100.00
	g. Form of Payment	h. Purpose Code			j. Amount	+	quired Rem	
GAL	Check	A	0.5	5/08/2019	\$ 100.00		F TOURN	
		!			\$	HOL	E SPONSO)R
4. Payee Inform	ation			Add 🔲	Remove	<u> </u>		
	ailing Address & Pho	one		b. Coordinate	d Committee Na	ame	d. Commer	ıts
(include city, sta	-							
BEST BUY		-						
	PE COMMONS DR	_	!		tered (Specify)			
DURHAM, NC	27707			☐ Federal ☐ State	County:		a Flaction	Sum to Date
			ļ	L State	L Winner	lanty.	e. Election	Sum to Date
							\$	247.23
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
GAL	Debit Card	F	05	5/20/2019	\$ 247.23	LAP'	TOP COM	PUTER
					\$			
5. Total only this	s Page				 		\$	472.23
6. Total of ALL	CRO-1310 Pages							
	n line 13a of Detailed S	Summary Page CRO-	-1100 if	Operating Exper	rses)		¢	2,073.02
	n line 13b of Detailed Si n line 13c of Detailed Si					omm)	\$	2,073.02
					у вирения.			
	odes (List detailed of				В Т	A	0 11	
A* - Media	B* - Printing	0		undraising litical Party			ner Candida	
E - Salaries I - Postage	F* - Equipme J - Penalties			office Expenses		_		fice Expenses Expense Fund
O* Other	J - I chances	,	K - O	mee Expenses	Q -D	onatio	n to Lagar	expense runu
	e detailed explanatior	n in required rem	arks fi	ield (k)				

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17		171	113	ı		C	1112	

			Amendment								
Pg	2	of	3	□ y	/es	X	No				

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

1. Committee F	uli Name (and Fund	if applicable)			-			2. ID !	Number
	TO ELECT AMY (· · · · · · · · · · · · · · · · · · ·		
3. Type of Disb		use separate CRO				of Disbu	rseme	<u>ent.)</u>	
X Operating Ex		ributions to Candida	tes/Polit	ical Committees		☐ Co	ordinat	ed Party	Expenditures
4. Payee Inform				Add 🔲	Rem	ove			
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Con	imittee N	ame	d. Com	ıments
(include city, sta	ite, & zip)								
JUSTHOST (E						(0 10)			
560 TIMPOLO	GOS PKWY			c. Level Regis	te re d	County	 	ł	
OREM, UT				Federal State	_ L	☐ County ☐ Municip		o Floor	tion Sum to Date
				State	L		Janey.	\$	15.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vyvy)	i. Am	ount	k. Re		Remarks
GAL	Debit Card	A		3/14/2019	\$	15.99		SSITE	
	Debit Card		0.	3/14/2019	ļ	13.77	WEI	301112	
					\$				
4. Payee Inform				Add 🔲	Remo				
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Com	mittee Na	ame	d. Com	ments
(include city, sta	te, & zip)								
NEWBY FOR .				I I I Danie	4 1 -	(C: C)			
7905 HILLBUF				c. Level Regis	tereu (County:			
RALEIGH, NC	RALEIGH, NC 27613					-		e. Bect	tion Sum to Date
				X State			unty.		
								\$	1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired	Remarks
GAL	Check	D	00	5/24/2019	\$ 1	,000.00			
				•	\$				
4. Payee Inform	ation			Add 🔲	Remo	ve			
	ailing Address & Pho	one		b. Coordinate	d Com	mittee Na	ıme	d. Com	ments
(include city, sta	te, & zip)								
SITEGROUND									
901 N PITT ST	, SUITE 325			c. Level Regist					
ALEXANDRIA	, VA 22314			☐ Federal	Ļ	County:		-	
				State		Municip	anty:	e. Hect	ion Sum to Date
								\$	19.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired I	Remarks
GAL	Debit Card	AK	03	3/04/2019	\$	19.80	WEE	SITE I	HOSTING
					\$				
5. Total only thi	s Page		<u> </u>					\$	1,035.79
6. Total of ALL	CRO-1310 Pages							•	
	n line 13a of Detailed S	ummary Page CRO-	·1100 if	Operating Expen	ises)			₽.	2.072.02
	n line 13b of Detailed S					Political Co	omm)	\$	2,073.02
(This line goes in	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Par	ty Exp	enditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	above)					
A* - Media	B* - Printin			undraising		D - To	Anoth	ner Can	didate
E - Salaries	F* - Equipme	_		litical Party					Office Expenses
I - Postage	J - Penalties			ffice Expenses	;		_		gal Expense Fund
O* Other									
* Codes require	e detailed explanation	n in required rem	arks fi	eld (k)					

*	•						4	
	10	hı	IPC	Δ	m	0	nts	
1,	11.7					U	1113	

				Amenament				
Pg	3	of	3	☐ Yes	X No			

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)								mber
COMMITTEE TO ELECT AMY GALEY								
3. Type of Disbu		use separate CR(rseme	ent.)	
☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures								
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Committee N	ame	d. Comm	ents
(include city, sta	ite, & zip)							
SOUTHERN ALAMANCE FFA								
	RN ALAMANCE HI	c. Level Regis	tered (Specify)					
	N HIGH SCHOOL	ROAD		State	☐ County ☐ Municip	a Floatio	n Sum to Date	
GRAHAM, NC	27253			State	U withing	Janty.	e. Metilo	n 30m to Date
		T	,			·	\$	100.00
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
GAL	Check	Α	02		\$ 100.00	AD AT BLUEGRASS		EGRASS
					\$	CON	CERT	
4. Payee Inform	ation	<u> </u>		Add 🔲	Remove	٠		
	ailing Address & Pho	one			d Committee Na	ame	d. Comm	ents
(include city, sta	•				· · · · · · · · · · · · · · · · · · ·			
	SONIC LODGE		·					
NC				c. Level Registered (Specify) Federal County: State Municipality:				
							e. Electio	n Sum to Date
							\$	100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
GAL	Check	A	04	4/30/2019	\$ 100.00	GOL	F TOUR	NAMENT
		<u> </u>			\$	HOL	E SPONS	SOR
4. Davida Inform				Add 🔲	Remove	<u> </u>	-	
4. Payee Inform	ation ailing Address & Pho	\no	<u> </u>		d Committee Na	me	d. Comm	en te
a. Puir Name, iviz (include city, sta	•	ліс		D. Coordinate	a Committee M		u. Comm	
TECHTRIAD, I								
3702 WATAUC				c. Level Registered (Specify)				
GREENSBORO, NC 27410				Federal County:				
GREEN GEORG, NO 27 TO				☐ State	☐ Municip	ality:	e. Election	n Sum to Date
							\$	365.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. Amount	k. Re	quired Re	marks
GAL	Debit Card	A		3/04/2019	\$ 65.00		SITE	
					_	WEB SITE		
				5/04/2019	\$ 300.00	WEE		7.57.00
5. Total only this							\$	565.00
	CRO-1310 Pages							
,	n line 13a of Detailed S						\$	2,073.02
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
					<u> </u>			
7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate								
S				9				ffice Expenses
* *				Office Expenses Q* - Donation to Legal Expense Fur				-
O* Other								
* Codes require detailed explanation in required remarks field (k)								